



IUPUI

OFFICE OF  
STUDENT SCHOLARSHIPS

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420 University Blvd. CE264 Indianapolis, IN 46202-5143

**Phone:** (317) 274-5516 **Fax:** (317) 278-3292 **Web:** [www.scholarships.iupui.edu](http://www.scholarships.iupui.edu)

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## Release of Information

I, the undersigned, authorize **IUPUI** Office of Student Scholarships to release information regarding my enrollment, academic performance, financial aid awards, scholarships, and bursar account to:

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Name of Institution/Organization

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Address

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City, State, Zip

Email

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Phone

Fax

This release will be valid for all academic periods in which I am enrolled at **IUPUI**. I understand that I can revoke this release at any time by notifying the **IUPUI** Office of Student Scholarships in writing at the location listed above.

This request is within compliance of FERPA. To learn more about FERPA and the release of information to third parties, please visit [www.registrar.iupui.edu/third-party/](http://www.registrar.iupui.edu/third-party/)

Signed,

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Student Signature

Date

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Student Name- Printed

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University ID (ten digits)