

## Release of Documents

DATE: \_\_\_\_\_

Student Name: \_\_\_\_\_

ND ID Number or SSN: \_\_\_\_\_

I authorize the Financial Aid Office at Northeastern University to release a copy of the document(s) indicated below:

\_\_\_\_\_ Parent's Tax Return for the year \_\_\_\_\_

\_\_\_\_\_ Student's Tax Return for the year \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

The Financial Aid Office at Northeastern University can mail the requested information to the address indicated below:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

### Office Use Only

Checked Student's Signature OK

Checked Father's Signature OK

Checked Spouse's Signature OK

Checked Mother's Signature OK

**Release Document(s)** YES

NO