

**UNIVERSITY OF ALASKA FAIRBANKS
FINANCIAL AID OFFICE
101 EIELSON BUILDING, PO BOX 756360
FAIRBANKS, AK 99775-6360
(907) 474-7256 or 1-888-474-7256
financialaid@uaf.edu**

NEED SHEET REQUEST FORM

Name: _____

UA Student ID (eight-digit): _____

Release of Financial Aid Information is requested for (indicate semester and academic year)

Fall _____ **Fall/Spring** _____ **Spring** _____

Spring/Summer _____ **Summer** _____

I hereby authorize release of financial and academic information to:
(Incomplete information will cause delays in processing)

Corporation Name _____

Address _____

Phone _____ Fax _____

Corporation Name _____

Address _____

Phone _____ Fax _____

Corporation Name _____

Address _____

Phone _____ Fax _____

_____ Date

Student Signature authorizing release of information