

**FORM INFOR - IDAHO STATE UNIVERSITY  
RELEASE OF FINANCIAL AID INFORMATION**

23-24

**INFOR-24**

This form can be used to allow the ISU Office of Financial Aid to release information to another person, including parents. If desired, complete this form and return to:

**Office of Financial Aid, Idaho State University, Museum Building, Third Floor  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)**

**University Place, Bennion Student Union Building, Student Services Office  
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704**

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](#)) \*Required

The ISU Office of Financial Aid is bound by the regulations in the Family Education Rights and Privacy Act of 1974 (FERPA) and other federal regulations. We can only release your financial aid information with your written permission to tribal scholarship and other scholarship agencies, or to the parent(s) or spouses whose financial information is listed on the FAFSA. You cannot review or copy the financial records of your parent's information contained in your file.

I hereby give the Office of Financial Aid permission to discuss my financial aid information with the person(s) listed below.

I understand this request will remain in effect for only the 2023-2024 academic year unless I revoke my permission in writing.

\_\_\_\_\_  
Name/Agency Relationship to Student

\_\_\_\_\_  
Name/Agency Relationship to Student

\_\_\_\_\_  
Student Signature Date

Typed signature not accepted

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**