



**Permission to Grant Release of Financial Aid Information
To Private Third-Party Organization**

I grant permission to Washington State University to release all federal, state and institutional aid information, along with personally identifiable information (name, date of birth, etc.) to the following private scholarship provider or tribal organization.

By signing this form, I understand that my information will be shared with the organization, and may only be used for the purposes of applying for and/or receiving financial assistance from the below-named organization.

Student Name:

WSU ID Number:

Scholarship provider or tribal organization *(cannot be released to state benefit program)*:

Provide information for the following academic years (Eg: "2025-26". Please list all that apply.):

Student Signature

Date

*** (Wet ink signature only. No digital signatures accepted.)*

Please return form via mail to Student Financial Services, PO Box 641068, Pullman, WA 99164-1068,
or email to scholarships@wsu.edu, or fax to 509-335-1385