

Student name: \_\_\_\_\_  
Legal First Name\_\_\_\_\_   
Legal Last Name

Student ID number: \_\_\_\_\_

In order to protect your privacy, the Whitworth Financial Aid Office does not release information regarding your FAFSA and/or financial aid file without your consent. Donors, foundations, faculty, and selection committees may request additional information on applicants for specific scholarships. This information could include your GPA, financial need, awarded financial aid, including loans taken in the current academic year, family size and unmet financial need as calculated by the most recent FAFSA on file.

If you permit this information to be released as indicated above in order to be considered for a scholarship, please complete and sign the release form below:

I, \_\_\_\_\_, allow Whitworth to release information contained within my financial aid file and registrar's information, to donors, foundations, faculty or selection committees, solely for the purpose of supplying information needed to review my eligibility for scholarship resources. I understand I can revoke this consent in writing at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and return this form to:

FINANCIAL AID OFFICE  
300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251  
509.777.3215 509.777.4601 (FAX) [finaid@whitworth.edu](mailto:finaid@whitworth.edu)