



Northeastern University
Student Financial Services

356 Richards Hall
 360 Huntington Ave
 Boston, MA 02115

fax: 617.373.8735
 e-mail: sfs@neu.edu
 www.financialaid.neu.edu

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:

 Student's Signature

 Spouse's Signature

 Father's Signature

 Mother's Signature

<u>Office Use Only</u>	
Checked Student's Signature OK <input type="checkbox"/>	Release Document(s) YES <input type="checkbox"/>
Checked Father's Signature OK <input type="checkbox"/>	NO <input type="checkbox"/>
Checked Spouse's Signature OK <input type="checkbox"/>	
Checked Mother's Signature OK <input type="checkbox"/>	