



Document Release Form

Date: _____

Student's Name: _____ NU ID or SSN: _____

I authorize the Office of Student Financial Services 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 (please specify): _____

The Office of Student Financial Services 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: _____

Office Use Only

Checked Student's Signature OK

Checked Spouse's Signature OK

Checked Father's Signature OK

Checked Mother's Signature OK

Release Document(s): Yes No