

Northeastern University Student Financial Services

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Boston, MA 02115 studentfinance.northeastern.edu

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: _____

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