

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize the Western Illinois University Financial Aid Office to release information required by the Department of Human Services (DHS) to DHS for the purpose of awarding the TANF Special Project award.

(Student Signature)

(Date)

Name: _____ (please print)

WIU ID # _____

If you are a first-time TANF recipient, you must complete an Authorization for Release of Personal Information. This allows us to furnish the Department of Human Services your grades and let them access to your FAFSA information if requested. **This form must be completed in full once. Incomplete forms will not be processed.**