



PLEASE PRINT

I hereby authorize the Wabash College Financial Aid Office to disclose information related to my financial aid award to:

(Specify name of organization / individual / party)

Which is a (check one):

Scholarship-granting organization, or

Tribal organization, or

Federal, state, local, tribal organization assisting in applying for/receiving financial assistance for tuition, fees, room, board, books, or personal expenses (including travel)

This disclosure is only applicable to the organization listed above and only for the academic year 20____ - 20____.

STUDENT NAME