Student Name:

Return To: Office of Student Aid

LU Student ID:

Office: Wimberly Building Room 200
Mail: P.O. Box 10042, Beaumont, TX 77710
To submit: Upload documents by logging into your Self Service Banner or, mail to the address above.

Office Use Only **3PAUTH**

Authorization to Release Financial Aid Information to a Third Party

The Family Educational Rights and Privac of a student's educational record, includi			•
By signing this authorization, you con record with the third party listed belochange the authorized person listed,	ow over the phone	e. If at any time yo	ou wish to revoke or
Section A - Authorization (You may	only give authoriz	ation to one perso	on)
Name	Rela	tionship	Six Digit Phone Passcode (no more than 6 numbers)
Section B - Revoke Authorization (O previously given)	nly complete this	section if you wish	to revoke the authorization
Name		Relationship	
 You authorize the disclosure of information related to your financial aid record to the individual noted in Section A. The Office of Student Aid will confirm with the authorized party their name, relationship and password before releasing any information over the phone. Award amounts will not be given over the phone. This form must be submitted by you, the student, in person with a Photo ID, or uploaded through Self-Service Banner. 			
Student Signature [Date Pho	ne Number	
Office Use Only			
Processed By:	Date		Revised: 05/01/2023 DB