

LSU HEALTH SCIENCES CENTER-SHREVEPORT
OFFICE OF STUDENT FINANCIAL AID

Information Release Form
(For Medical Students Only)

The purpose of the form is to obtain the student's written permission for the Student Financial Aid Office to release relevant financial information to the LSUHSC-Shreveport School of Medicine Scholarship Committee which may consist of non-LSUHSC-Shreveport personnel. The Information Release Form must be signed and submitted to the Financial Aid Office to render students eligible for scholarships awarded by the School of Medicine Scholarship Committee.

The student's signed consent remains in effect until the student leaves the institution or rescinds his or her permission in writing. Complete the section below to either grant **or** rescind permission.

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**Permission To Release Confidential Information**

By my signature below, I give the LSUHSC-S Student Financial Aid Office permission to release relevant financial information to the LSUHSC-S School of Medicine Scholarship Committee so that I may be considered for scholarships awarded by this Committee and the School of Medicine Office of Student Affairs. I understand that this form is for scholarship purposes only and is not required for federal student financial aid.

Print legal name: \_\_\_\_\_

Sign legal name: \_\_\_\_\_

Date: \_\_\_\_\_

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Notice to Rescind Permission to Release Confidential Information

I am requesting that the Student Financial Aid Office not release my financial information to the LSUHSC-Shreveport School of Medicine Scholarship Committee. I understand by doing so, I may not be considered for scholarships awarded by this committee.

Sign legal name: _____

Date: _____

Return form to: LSUHSC-Shreveport Student Financial Aid Office