

## **Request for Verification of Financial Aid**

Complete and return the Verification of Financial Aid form to the Office of Financial Aid in person or via email at <u>finaid@howard.edu</u>, if you or an outside organization is requesting a copy of your financial award for the academic year. By completing the requested information listed below, you are authorizing Howard University to release information concerning financial aid to the agency listed.

Please indicated how you would like this information to be transmitted to the agency listed below:

	Fax		□ Pick-Up			Postal Mail
Student Information						
Last Name			First Name			HU ID
Email Address						Contact Number
Student's Signature					Date	
Reason for Verification	of Financial Aid					
□ Self	□ Agency					
Agency Information						
Agency Name		Contact Pe	erson			Phone Number
Agency's Address		City	Sta	ate	Zip	Fax Number

For Office Use Only:						
	Received by:		Date:			
(IPLUS)	□ Approved	□ Denied	Pending	FAA Initials:	Date:	