

Landlord Release Form



This form is to be used by the Financial Aid Office at National University of Health Sciences to disclose information about a student's estimated/actual financial aid package and/or a pending balance to prove to a landlord/property management firm that sufficient funds for living allowance are available through a student's financial aid package.

Please complete the following:

PLEASE PRINT

Student Name: _____ ID # _____

Landlord/Property Management Firm request (*check one*):

Pick-up:

Financial Aid Office front counter

Or fax:

FAX: _____

Or Mail:

Name: _____

Address: _____

City/State/Zip: _____

By completing this form I give permission to the NUHS Financial Aid Office to send information to the above party about my Estimated/Awarded/Pending financial aid for the following period of time (8 months maximum – *check one*):

Summer/Fall (May through December); or

Fall/Spring (September through May); or

Spring/Summer (January through August)

Student Signature: _____ Date: _____