

FINANCIAL AID AND SCHOLARSHIPS

UNIVERSITY of CALIFORNIA • IRVINE

102 Aldrich Hall
Irvine, CA 92697-2825

Telephone: (949) 824-8262
ofas.uci.edu

Upload this form to: uci.studentforms.com

Consent for Release of Federal Tax Information

Student's Name _____

UCI ID Number _____

SECTION 1:

If you wish to authorize the UC Irvine Financial Aid and Scholarships Office to discuss the 2022 Federal tax information appearing on your 2024-25 FAFSA with a **designated individual or individuals (e.g. parent, sibling, grandparent, etc.) who were not contributors on your 2024-25 FAFSA**, you must complete, sign and date this section:

NAME OF INDIVIDUAL: _____ RELATIONSHIP TO STUDENT: _____

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By signing this request, you, the student, certify that you are granting the UCI Office of Financial Aid and Scholarships permission to disclose your Federal tax information (as well as the Federal tax information of all the contributors to your FAFSA) to the authorized individual or individuals listed above.

If you, the student, wish to revoke this authorization in the future, you must provide a written statement to the Office of Financial Aid and Scholarships.

Student's Signature

Date

SECTION 2:

If you wish to authorize the UC Irvine Financial Aid and Scholarships Office to share the 2022 Federal tax information appearing on your 2024-25 FAFSA with an **entity who will be assisting you in applying for and receiving Federal, State, local, or tribal assistance**, you must complete, sign and date this section.

This disclosure is valid only for the disclosure of 2022 Federal tax information from the 2024-25 FAFSA. If you, the student, wish to revoke this authorization in the future, you must provide a written statement to the Office of Financial Aid and Scholarships.

DESIGNATED ENTITY: _____

PERMITTED USES - (Please circle YES or NO to each permitted use):

- | | |
|------------------------------|----------|
| -Applying for Financial Aid: | YES / NO |
| -Awarding Financial Aid: | YES / NO |
| -Administering Financial Aid | YES / NO |

Student's Signature

Date