

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize the Western Illinois University Financial Aid Office to release information required by the Department of Human Services (DHS) to DHS for the purpose of awarding the TANF Special Project award.

\_\_\_\_\_ (Student) \_\_\_\_\_ (Date)

Name: \_\_\_\_\_ (please print)

WIU ID # \_\_\_\_\_