

# FINANCIAL AID RELEASE AUTHORIZATION FORM

## Academic Year Registration 2007/2008

Return to:

UW - GREEN BAY  
**BURSAR'S OFFICE**  
 2420 Nicolet Drive  
 Green Bay WI 54311-7001

LAST NAME	FIRST NAME	MI
ADDRESS _____		
_____		
CITY / STATE / ZIP		
SOCIAL SECURITY NUMBER:		
PHONE / WITH AREA CODE:		
<p>I, _____ hereby authorize UW-Green Bay Bursar's Office to apply financial aids monies for my fee obligation and I understand that all outstanding obligations to the University of Wisconsin-Green Bay will be paid before any overage monies are given to me.</p>		
_____ Signature	_____ Date	

### BURSAR'S OFFICE ONLY

Registered/Paid Credits \_\_\_\_\_ Release Mailed On \_\_\_\_\_

Check Number(s) \_\_\_\_\_

Check Amount(s) \_\_\_\_\_

Date Mailed \_\_\_\_\_

NOTES: