



**AGREEMENT FORM FOR
RELEASE OF FINANCIAL AID INFORMATION**

I agree to give permission to the Director of Financial Aid at Enrollment Services of the Catholic University of America to release information on my current financial aid awards to the SLIS faculty members who are current members of the Rovelstad Scholarship Committee.

_____ *(Name, print or type)*

_____ *(Signature)*

_____ *(Month,Day,Year)*