## **Release of Information to Landlord**



Submit to: Financial Aid and Scholarship Office Swen Parson Hall 245 DeKalb, IL 60115

NIU Student Info	rmation				
Name					
Last		First	MI	Z-ID	
Student Authoriz	zation				
I request the Financial Aid and Scholarship Office at Northern Illinois University to provide information about my expected future credit balance refund for my landlord. I do not plan on adding charges to my account, changing enrollment or canceling any currently accepted aid. (Check one option below.)					
Mail or	Fax the complet	ted form to the Landlord	contact below	Return th	e form to me.
Signature of Student		Date			
orginatare or organic		Buto			
Landlord Inform	ation (Only required if m	nail or fax to Landlord is	selected above)		
Name Landlord		Phone Number		Fax Number – Option	al
Landiord		Friotie Number		rax Number – Option	aı
Address Street		City		State Zip Cod	<del></del>
Cucot		0.09		2,5 000	•
It is the student's responsibility to make payments to their landlord. Payments will not be mailed from the University to a landlord. The information below is based on the student's registration and financial aid as of the Financial Aid signature date. Refunds are disbursed directly to the student.					
NIU does not provide	d a breakdown of financial ai	d to landlords. NIU reviews	s the account detail a	and compares schedu	ıled charges with
payments, grants, scholarships, federal loans, private loans, institutional waivers and other sources of credit to certify the anticipated refund amount. An anticipated refund does not imply aid from a specific program. If additional detail is required, the student can print a					
	aid award, scholarship letter				
Completed by N	IU Financial Aid and S	cholarship Office		Document	version 07/23
This student has current registration for (se				emester / year).	
This stude	ent is currently scheduled t	to receive a credit baland	ce refund.		
Estimated issue date: allow 5 to 7 business days for funds to be available					
Estimated Refund amount: \$ (Students with anticipated refunds larger than their landlord					
obligation may request certification of only the anticipated refund amount owed to landlord.)					
Printed Name of Financi	ial Aid Administrator	Signature of Financial Aid	Administrator		oate