



PERMISSION TO DISCUSS FINANCIAL AID

Name: _____

Student ID Number or Social Security Number: _____

I, _____, give the Office of Law Financial Aid and

Scholarships at Loyola University permission to discuss my financial aid account

with _____.

Student's Signature

Date

OFFICE OF LAW FINANCIAL AID AND SCHOLARSHIPS
7214 ST. CHARLES AVE., BOX 919
PHONE: 504.861.5551
FAX: 504.861.5734