



# Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First)	myZou Student ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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## 2020-2021 Release of Financial Aid Information to an Apartment Complex

### Section A: To be completed by MU Student

I authorize the release of the below information regarding my financial aid situation for the academic period to my apartment complex: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Section B: To be completed by Financial Aid Official

Date: \_\_\_\_\_

Currently, the below financial aid and/or scholarships are anticipated for this student.

Source of Funds	Amount	Anticipated Disbursement Fall 2020	Anticipated Disbursement Spring 2021

I certify that all of the above information is accurate to the best of my knowledge as of this date.

\_\_\_\_\_  
Name of verifying official

\_\_\_\_\_  
Title of verifying official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number