



# LOUISIANA TECH UNIVERSITY

## Office of Financial Aid

### Request for Financial Aid Information 2026-2027

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

- This form is used when a student is applying for aid other than federal financial aid and the application required for consideration for that aid must have financial aid status or funding information.
- This is not an application for consideration of aid that is awarded by the Louisiana Tech University Office of Financial Aid.
- Include any forms or information with your request that will help us complete your request accurately and in a timely manner.

STUDENT'S Last Name                      First Name                      MI                      STUDENT'S CWID or SSN

STUDENT'S Mailing Address (include Apt. No.)                      STUDENT'S Date of Birth (MM/DD/YYYY)

City                      State                      Zip Code                      STUDENT'S Home Phone (Include area code)

STUDENT'S Email Address                      STUDENT'S Cell Phone (Include area code)

**DIRECTIONS:** Please complete the information below to indicate why you are requesting confirmation of aid.

PRAXIS Fee Waiver Request - *Attach the Fee Waiver Request form with all necessary information completed*

**Choose One:**      Paper Delivered Fee Waiver Request      Computer Delivered Fee Waiver Request  
**Choose One:**      Admission to Teacher Education Program      Initial Teacher Certification

Scholarship - Information is needed regarding my financial aid for a scholarship application. I have attached any forms that might be needed to process this request.

Scholarship Name:

Outside Scholarship / Other - Include name, description, or reason for request below.

Requesting Deadline:

Completed requests will be available to pick up in three to five business days. Please select one of the following options to receive your request. The Office of Financial Aid DOES NOT deliver these completed requests via email.

**I will pick up at the Office of Financial Aid** *(This information will be destroyed if not picked up within 30 days from the date of request)*

Mail or Fax to the following agency:

Agency Contact Person                      Agency Fax Number

Mailing Address (include Apt. No.)                      City                      State                      Zip

**Mail to the Student**

Mailing Address (include Apt. No.)                      City                      State                      Zip

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law designed to protect the privacy of a student's education records. All schools receiving funds under an applicable program of the U.S. Department of Education must comply with FERPA. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties. Schools are also limited by federal law in how FAFSA information can be used. Schools may share a student's FAFSA information with scholarship-granting or tribal organizations only with the student's written consent. However, Louisiana Tech University may be prohibited from sharing FAFSA data with other third-party organizations, even where the student has given written consent. Students may grant Financial Aid permission to release information to a third party by submitting this consent form. You must identify each individual person / organization to whom you wish to give access to your information. The information will then be made available only if it is specifically requested by the authorized third party and permissible under law.

***By signing this form, I give permission to the Louisiana Tech University Office of Financial Aid to release information regarding my financial aid awards and student account information to the following individuals and / or organizations listed below. I understand that this authorization will be effective until I revoked in writing or the end of the Academic Year.***

<b>Authorized Agency / Person #1</b>			
Authorized Agency / Person		Relationship to Student	
Agency Contact Person	Agency Fax Number	Agency Telephone Number	
Mailing Address (include Apt. No.)	City	State	Zip
<b>Authorized Agency / Person #2</b>			
Authorized Agency / Person		Relationship to Student	
Agency Contact Person	Agency Fax Number	Agency Telephone Number	
Mailing Address (include Apt. No.)	City	State	Zip
<b>Authorized Agency / Person #3</b>			
Authorized Agency / Person		Relationship to Student	
Agency Contact Person	Agency Fax Number	Agency Telephone Number	
Mailing Address (include Apt. No.)	City	State	Zip

Student's Signature:

Date: