



# 2017-2018 STUDENT AUTHORIZATION FOR RELEASE OF FINANCIAL AID INFORMATION

## Office of Financial Aid

Please complete this form using blue or black ink.

|                  |            |       |               |
|------------------|------------|-------|---------------|
| _____            | _____      | _____ | _____         |
| Last Name        | First Name | M.I.  | SCCID#        |
| _____            |            |       | _____         |
| (_____) _____    |            |       | _____         |
| Telephone Number |            |       | Date of Birth |

### Types of record(s) to be released

Please be specific:

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### Name of Individual and Agency to Release Requested Information

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please Check the Appropriate Box Identifying How You Wish To Have This Information Released

|  |  |
|--|--|
| <input type="checkbox"/> Mail to Third Party | <input type="checkbox"/> Hold for Pick-up  |
| <input type="checkbox"/> Mail to Student     | <input type="checkbox"/> Fax (_____) _____ |

If you are requesting release of parent information, you must also sign this release.

\_\_\_\_\_  
Student's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date

|                             |             |                  |
|-----------------------------|-------------|------------------|
| <b>For Office Use Only:</b> |             |                  |
| Request Completed:          | Date: _____ | Processor: _____ |