



# 2018–2019 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.	SCC ID#
_____			_____
(_____) Telephone Number			Date of Birth

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

Please be specific:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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: _____