

DEPENDENT/INDEPENDENT

Date Received in FAO _____

Time Received in FAO _____

PERMISSION TO DISCLOSE EDUCATION RECORDS OR PERSONALLY IDENTIFIABLE INFORMATION

I _____ SSN/WIN# _____
Name SSN WIN#

Give permission to the Financial Aid Office to release and/or disclose my financial aid records to:

Name Address

For the following _____ academic years. Any information I do not want released is listed below:
Academic year

Student Aid Report	Federal Tax Return, schedules, W-2's
Verification Worksheet	Notes in my file
Independent Appeal Form & Documentation	Special Circumstance Form & Documentation
Award Letter	Loan Application
Correspondence From Student	Emergency Loan Application
Consortium Agreement	Internal Correspondence
Exit Loan Counseling	Electronic Communication
Entrance Loan Counseling	Other: Please specify & attach

If a dependent student, I understand I am not allowed to provide a release of parental information contained in my financial aid file i.e., parent's tax returns. I also understand I must provide photo identification such as driver's license or notarized statement.

Signature

Date signed

Notary Signature

County

State

Notary Seal

Please allow 30 calendar days from date completed consent form reaches our office.