

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.