

## 2018 – 2019 Release of Information Form

Must submit in person with valid photo ID.

Please **do not** fax or email



## **Student Information**

Last Name		First Name		Student ID Number		
Stude	ent Consent and A	uthorization				
l,		, the und	, the undersigned, hereby authorize the Financial Aid Offices at			
		cuss and/or release any financ				
have i	ndicated below:					
1)					<del></del> -	
	Last Name	First Name		Re	elationship to Student	
	Street	City	State	Zip Code	Phone Number	
2)	Last Name	First Name		Re	elationship to Student	
	Street	City	State	Zip Code	Phone Number	
3)	Last Name	First Name		Re	Relationship to Student	
	Street	City	State	Zip Code	Phone Number	
Stude	ent Signature					
time l listed	by providing an updated/v on my FAFSA, or other fir	s only valid for the 2018 – 2019 acac written statement. I understand tha nancial aid documents, that is associ d cannot be discussed with the perso	t this release only ap ated with another in	pplies to my informa dividual (i.e., spous	tion; any information e, parent, etc.) is not	
Stude	ent Signature				Date	