



FINANCIAL AID OFFICE

Information Release Form

Name:

Last First Middle Initial

Mailing Address:

City State Zip

Student ID#: _____

Information Release

This will remain in effect throughout your attendance at SCCC unless otherwise directed in writing to the Financial Aid Office. I hereby authorize the Financial Aid Office to discuss and/or provide financial aid information, as it relates to my education, to:

List Names

<input type="checkbox"/>	Mother	
<input type="checkbox"/>	Father	
<input type="checkbox"/>	Step-Parent	
<input type="checkbox"/>	Legal Guardian	
<input type="checkbox"/>	Other Individual	
<input type="checkbox"/>	Agency	
<input type="checkbox"/>	None	DO NOT SHARE MY INFO WITH ANYONE

Student's Signature: _____ **Date:** _____