

(PRVCY) Authorization to Release Confidential Financial Information

South Florida Community College – Office of Financial Aid

600 West College Drive, Avon Park, FL 33825 – (863)453-6661 ex.7254

Student ID

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Telephone Number (or) Cell Number

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Name

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E-Mail Address

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By signing this form I give South Florida Community College permission to discuss with the person (s) listed below any and all confidential matters pertaining to my application for financial aid, including my eligibility for such aid.

Name: _____ SSN: _____ - _____ - _____

Date of Birth ____/____/____ Relationship _____

Name: _____ SSN: _____ - _____ - _____

Date of Birth ____/____/____ Relationship _____

Name: _____ SSN: _____ - _____ - _____

Date of Birth ____/____/____ Relationship _____

I understand that this release is only valid for academic year and this form must be completed each year to release information to other individuals.

Student Signature _____ Date ____/____/____

For Notary Public's Use Only:

Subscribed and sworn to me this the
_____ day of _____, 20_____

Printed Name: _____

Signature: _____

(Notary Stamp/seal)

My Commission Expires: _____

Do not write in this space

Intake Date:
