



Authorization to Release Confidential Financial Information Aid year: _____

Student's Name: _____

Student's SFSC ID Number: _____

Telephone Number (or) Cell Number: () _____

By signing this form I give South Florida State 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's 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: _____

Please submit all documents to: South Florida State College Financial Aid Office, Building B 600 W. College Drive, Avon Park, FL 33825