



## Authorization to Release Confidential Financial Information 2022-2023

Student's Name: \_\_\_\_\_

Student's SFSC ID Number: \_\_\_\_\_

Telephone Number (or) Cell Number: (    ) \_\_\_\_\_

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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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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### **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: \_\_\_\_\_

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