



**Authorization to Release Confidential
Financial Information 2024-2025**

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 confidential matters about 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 the 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**