



**Authorization to Release Confidential Financial Information
(FERPA) 2026-2027**

Student's Name: _____

Student's SFSC ID Number: _____

Telephone Number (or) Cellphone 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 Last 6 digits _____

Date of Birth ____ / ____ / ____ Relationship _____

Name: _____ SSN Last 6 digits _____

Date of Birth ____ / ____ / ____ Relationship _____

Name: _____ SSN Last 6 digits: _____

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:
SFSC Financial Aid Office
600 W. College Drive, Building B, Avon Park, FL 33825
OR email to: financialaid@southflorida.edu**