Gadsden State Community College
Financial Aid Office

Student Consent Form for Release of Financial Records

I,_____, Student Number _____

☐ **do not** authorize the release of any of my financial aid records.

☐ do hereby authorize Gadsden State Community College to release any or all of my financial aid records to the following parties (name & relationship to student):

_____, _____.

_____, _____.

_____, _____.

☐ do hereby authorize Gadsden State Community College to release the following financial aid records _____

Record(s) to be released

to _____, _____ .

Name of Person Relationship to Student

I understand that this release will be in effect for the financial aid award year.

_____ _____

Signature of Student Date

Date	Information Released	To Whom Released	FA initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____