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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____