



Authorization for Release of Student's Confidential Information

Financial Aid Office

I, _____, authorize Eastern Gateway Community College's (EGCC) Financial Aid Office to release CONFIDENTIAL information from my student financial aid file to the following person(s):

To: _____

Relationship: _____

To: _____

Relationship: _____

This authorization is valid only for the ____ / ____ academic year and must be renewed each school year.

Student's Signature

Date

The person(s) listed above must be able to provide the following information when requesting confidential information from your file.

Student's SSN: _____

Student's Date of Birth: _____

This form must be submitted to the Financial Aid Office.