



EASTERN
GATEWAY
COMMUNITY
COLLEGE

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):

Name: _____

Relationship: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Type of Information Allowed to Be Released (check to release):

Attendance _____ Financial Aid _____ Grades _____ Holds _____ Schedule _____ Status _____

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.