



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.**