

Authorization for Release of Information to an Outside Agency

Student Name:		Student ID #:		
I hereby authorize the Financial Aid Office regarding my financial aid status to the fol				
Name of Agency:				
Address:				
Street	City	State	Zip	
Student's Signature		Date		
	OFFICE USE ON	NLY		
The student named above has requested that to apply each year for financial aid in order to attendance. Students are awarded for the acprorated based on the student's actual enrollr	re-establish their eligibility ademic year based on a fu	, which is determine	ed by the student's	cost of
The following information is for:	all Spring _	Summ	er	
As of today, we have no record of this	s student applying for finar	ncial aid		
As of today, we have no record of this As of today, this student has applied the	,		een determined.	
As of today, this student has only bee		•		t. It is a waiver
for enrollment fees only.			3	
This student has been awarded/disbu	irsed the following financia	l aid:		
Fund	Av	vard Amount		
Pell Grant	\$			
FSEOG	\$			
Cal Grant	\$			
Federal Work Study	\$			
Direct Loan Subsidized	\$			
Direct Loan Unsubsidized	\$			
Other	\$			
The student's Cost of Attendance is _		s EFC is		
The student's Unmet Need is	·			
Other:				·
Financial Aid Office – Authorized S	ignature		Date	