

2020-2021 RELEASE OF INFORMATION

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|----------------------------|------------|----------|----------------------------------|
| | | | |
| Last name | First Name | M.I. | Social Security Number |
| Address (include apt. no.) | | | Date of Birth |
| City | State | Zip Code | Phone Number (include area code) |

I authorize the Financial Aid Office at Galveston College to release and discuss all information regarding my financial aid eligibility.

This release covers all information relating to financial application materials, awards letters, and financial aid processing and disbursement for the purpose of answering questions and providing information to the following authorized individual(s). **NOTE:** Parent income and asset information will only be released to the parent listed on the Free Application for Federal Student Aid (FAFSA).

| Name | Relationship | Contact (phone/email) |
|------|--------------|-----------------------|
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This authorization is in effect for one year from the date of signature. To terminate or amend this authorization, I understand that I must notify the Financial Aid Office in writing.

I understand that I must complete a release of information each year if I wish to authorize the Financial Aid Office to discuss my financial information with a third party.

 Student Signature

 Date