



**Authorization for Release of Student's  
Confidential Information  
Office of Financial Aid**

I, \_\_\_\_\_, authorize Eastern Gateway Community College (EGCC) 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.**

**No faxed copies will be accepted.**