

AUTHORIZATION TO RELEASE INFORMATION – 2008/2009

Student Name: _____ **Student Social Security No:** _____
Last First MI

The Olympic College Financial Aid Office will not release detailed information about your financial aid, except as allowed under the law. If you wish, you may give your permission to release limited information to authorized individuals by completing this form.

1. Our office will share information concerning the status of your financial aid application (what is on file, what is missing, etc.) with authorized individuals..
2. Those that you identify as authorized to receive information will be required to provide photo identification prior to release of information.
3. Release of information via telephone or internet will be limited as we cannot positively identify the individual receiving the information.
4. Our office will not release photocopies of award letters, tax returns, etc., except to the person to whom the document belongs. For example, if a parent asks for a copy of their student's tax return, or if a student asks for a copy of the parents' tax return, we will not release it to the requestor.
5. Our office will honor the release you sign with agencies such as the Division of Vocational Rehabilitation, Tribal Scholarship Offices or the FBI, and provide the information requested under the release authorization. In addition, the Financial Aid Office will honor subpoenas for information.

Please read the above text and ask any questions, before completing and signing this form. If you understand the above information please complete, sign and return this form to the Olympic College Financial Aid Office.

I give my permission to the Olympic College Financial Aid Office to release information from my financial aid file to the following (Please print the full name of persons and/or agencies to which you grant access to your financial aid application data):

| |
|--|
| |
| |
| |
| |

With your signature you are acknowledging that you are releasing privacy information to the persons and/or agencies that you have listed above, and that you understand that this privacy release applies to information available for the academic year printed at the top of this form and that a new release is required for each new academic year.

You are also acknowledging that you understand that financial aid checks will never be released to anyone other than the awarded student.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Posted by: Date Posted: