

CONSENT FOR RELEASE OF INFORMATION FROM FINANCIAL AID OFFICE AND/OR BUSINESS OFFICE

Student's Name:

Student ID No.:

Address:

City/State/Zip:

Telephone: Home

Work

Cell

READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW

I authorize the Alverno College Financial Aid Office and/or Business Office to release any Financial Aid and/or Business Office information to the individuals/organizations listed below. This Consent for Release of Information will remain in effect unless revoked by me in writing. I understand that I may revoke this Consent for Release of Information, in writing, at any time, except where information has already been released as a result of this Consent.

Signature: _____ Date: _____

IF YOU WOULD LIKE TO KEEP A COPY OF THIS FORM, PLEASE MAKE ONE BEFORE SUBMITTING IT.

Please complete the following information for the person(s)/
organization(s) you are authorizing us to release information to:

Name of first person or organization:

Relationship to Student:

Address:

City/State/Zip:

Telephone: Home

Work

Cell

Name of second person or organization (if more than one):

Relationship to Student:

Address:

City/State/Zip:

Telephone: Home

Work

Cell

Received in Financial Aid:

Entered on: CRI STRK

Original – File in Financial Aid Office.