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## Financial Aid Information Release

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*(Social Security Number)*

Please indicate what semesters you need information for: \_\_\_\_\_

How would you like to receive this information?

Mailed to address below

Pick up

If you checked Mailed to Address Below" box, please fill in the address section below.

Address to be mailed to: \_\_\_\_\_

Attention: \_\_\_\_\_

If you need specific documents from your file, please indicate below.

Tax Return for \_\_\_\_\_

*(Academic Year)*

Other \_\_\_\_\_

If you would like your award information discussed with a third party, please provide their name and their relationship to you in the section below.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I authorize Austin Community College Financial Aid Office to release information to me or the above mentioned person about the awards I have receive and/or the release of the documents listed above

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)