

STUDENT ASSISTANCE PROGRAM RECORDS RELEASE AUTHORIZATION

I, _____ hereby give
(Name of Student)

permission to _____
(Name of Program which is to make disclosure)

to release from my files the following information _____

(Extent or Nature of Information to be disclosed)

This information is to be released to _____

(Name or title of person or Organization to which the discloser is to be made)

The purpose or need for such disclosure is: _____

The information may be given _____

(Indicate frequency)

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will otherwise expire on:

(Date, event or condition)

SIGNATURE OF STUDENT (OR PERSON AUTHORIZED BY LAW TO GIVE CONSENT) DATE:

SIGNATURE OF WITNESS: DATE
