

**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

\_\_\_\_\_