

Authorization for Release of Confidential Information

Student Name:

Student ID#:

SECTION A: Student Section

I, _____, authorize the Financial Aid Office at _____ to release my financial aid information as requested below. I acknowledge by my signature below that I understand that although I am not required to release my information, I am electing to give my consent to do so.

Student Signature

Date

SECTION B: School Section

Does the student listed above have an Expected Family Contribution (EFC) within the Federal Pell Grant eligibility range for the 2018-19 award year:

- Yes, the student's EFC is within the Federal Pell Grant eligibility range.
- No, the student's EFC is not within the Federal Pell Grant eligibility range.
- Unable to determine. The student has not submitted an application and/or appropriate documentation to determine an accurate EFC.

College/University Name

School Official Name - Printed

Email

School Official Title

School Official Signature

Date