



Consent for Release of Information

COPY OF PHOTO ID MUST ACCOMPANY THIS FORM

Name:	ID:	SSN:
Street Address:	City:	Zip:
Phone #:	DOB:	

I, _____ understand that financial aid records are subject to audits performed by the Department of Education and/or other government entities and the release of information is mandatory if my information is selected.

In addition to government entities and authorized KC personnel, I authorize the following individual(s) to have access to information about my financial aid (for example: parent, spouse, friend, relative, etc.):

Name:	Relationship:
Name:	Relationship:

You may leave this section blank if you do not want us to share your information with anyone else.

I fully understand the conditions of this Consent for Release of Information form. The consent of release is effective for an entire academic year unless revoked in writing by the undersigned:

Student Signature

Date Signed