



Kilgore College Financial Aid Office

COPY OF PICTURE ID MUST ACCOMPANY THIS FORM:

| | | | |
|-----------------------|----------------------------|-------------------------------|---------------------|
| _____ | | _____ | _____ |
| Student's Name | Student's ID number | Social Security Number | |
| _____ | _____ | | _____ |
| Date of Birth | Address | City, State, ZIP | Phone Number |

I, _____, authorize and consent to the release of information to all federal or government entities and the following person(s):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Name and relationship to each person listed.

I request the following information be mailed, faxed, or given to: _____

For mailing: list the correct address **faxing:** enter the full fax number including area code **name of person picking up documentation – must have picture ID**

Information requested:

| | | |
|------------------------------------|----------------------------------|--------------------------------------|
| _____ Income Tax Statements | _____ Financial Documents | _____ Other – Please specify: |
| _____ “HOLD” information | _____ Award Letter | _____ |
| _____ Loan Information | | |

If you are requesting statements regarding **Charges** or **Housing** you **MUST** contact the Cashier's Office. For **Transcripts** you must contact the Office of Admissions and Records.

I fully understand the conditions of this Consent of Information Release form. The consent of release shall remain in effect until revoked in writing by the undersigned.

| | |
|--------------------------|--------------------|
| _____ | _____ |
| Student Signature | Date Signed |