

Lawson State Community College
Office of Student Financial Services

2020-2021

Student Consent Form for Release of Financial Records

I, _____, Student ID _____

do not authorize release of any of my financial aid records.

do hereby authorize Lawson State Community College to release any or all of my financial aid records to the following parties (name & relationship to student):

_____, _____.
_____, _____.
_____, _____.

do hereby authorize Lawson State Community College to release the following financial aid records _____
Record(s) to be released

to _____, _____.
Name of Person Relationship to Student

I understand that this release will be in effect for the financial aid award year unless otherwise stated in writing.

Signature of Student

Date