



Authorization and Request for Release of Financial Aid Records Information

FORMS MUST BE COMPLETED IN BLACK INK ONLY

You are hereby authorized to disclose, make available, and release financial aid information and personally identifiable information to the person(s), organizations, & agencies listed below without my further consent and until further notice (This includes parents, any other relatives, Welfare Agencies, Employment Agencies or any other person or group you so designate.) (DO NOT WRITE COASTAL ALABAMA COMMUNITY COLLEGE) (PLEASE PRINT):

- 1. _____
- 2. _____
- 3. _____

- 4. _____
- 5. _____
- 6. _____

I DO NOT WISH TO DISCLOSE MY INFORMATION TO ANYONE OTHER THAN MYSELF

This authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Education Rights and Privacy Act, as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

It is the official policy of the Alabama Community College System and Coastal Alabama Community College that no person in Alabama shall, on the grounds of race, color, disability, gender, religion, creed, national origin, or age, be excluded from participating in, be denied the benefits of, or be subjected to discrimination or harassment under any program, activity, or employment.

Student Name (please print)

Student Signature

Date

Student ID Number

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College
Financial Aid
1900 Highway 31 South
Bay Minette, AL 36507
FAX: 251-580-2182
EMAIL: financial_aid@coastalalabama.edu