

**\*Release of Information**

(optional)

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Student ID or SSN

I give the Financial Aid & Scholarships office authorization to discuss all information pertaining to my student financial aid records for the 2009-2010 academic year at Sinclair Community College with the individual(s) I have listed below. (Give name and relationship to student.)

Name

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**\*Please note:** This form cannot be faxed, mailed or put in the drop box unless it has been notarized. This form can be taken by the student to the Financial Aid Office at the Dayton Campus or to the Englewood Learning Center, Huber Heights Learning Center or Courseview Campus Center.