



Office of Financial Aid
12401 SE 320th Street | Auburn, WA 98092
253-833-9111 (2449) | FAX 253-288-3473
finaid@greenriver.edu

STUDENT'S RELEASE OF CONFIDENTIAL INFORMATION

Note: The Financial Aid Office is required to verify the identity of the student submitting this form to ensure that it is the student's wish to release their confidential information. If the student submits this form in person, they will be required to show picture ID for the form to be considered valid. If the student submits this form electronically via fax or email, a Financial Aid Office representative will call the student's phone number on file to verify their identity and intent to submit this form.

Name _____ SID _____

I hereby authorize the Green River College Financial Aid Office to release my financial aid information to person(s) listed below. *Please list the name and the relationship of anyone you would like to be able to discuss your file with the Financial Aid Office:*

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I understand that this release of information will stay in effect for the duration of my attendance at Green River College unless I choose to revoke it in writing.

Signature

Date