



# Student Authorization to Release Confidential Information

[Financial Aid Website](#)

Phone: 253-288-3392

[Financial Aid Zoom Lobby](#)

Email: [finaid@greenriver.edu](mailto:finaid@greenriver.edu)

## Student Information

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Last Name	First Name	M.I.	Social Security Number or WASFA ID Number	<a href="#">ctcLink ID #</a>
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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:*

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Person's Full Name	Relationship to Student
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Person's Full Name	Relationship to Student
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Person's Full Name	Relationship to Student
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Person's Full Name	Relationship to Student
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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.

**Student Signature**

**Date**

*Typed signatures will not be accepted. Signatures must be drawn electronically or signed with a pen.*

## How to Submit This Form

→ Upload this form and any required documents to the Financial Aid Office via [our secure document upload tool](#). Documents submitted via email will not be accepted for security reasons.