

Office of Financial Aid
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Fax 253-288-3473
www.greenriver.edu/financialresources/
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name	SSN#
I hereby authorize the Green River Colleinformation to the following person(s):	lege Financial Aid Office to release my financial aid
I understand that this release of information at Green River College unless I choose to r	on will stay in effect for the duration of my attendance revoke it in writing.
Students Signature	Date