

Authorization for the Release of Information
Grinnell College Office of Student Financial Aid
John Chrystal Center, 1st Floor
Phone: 641-269-3250

Student Name: _____ Initial Authorization
 Student ID: _____ Change Request

To protect your privacy, please take a few moments to complete and return this sheet.

Someone (parent, guardian, aunt etc.) may contact us on your behalf to:

- determine the status of your financial aid application – i.e. what documents are needed;
- clarify/discuss information on your application;
- discuss the type and amount of assistance you have been awarded or an outstanding balance.

With whom may we share information regarding your application and award?

Please be sure to list your parents if you would like us to share information with them.

Relationship to You:	Last Name:	First Name:	*Secret:
Relationship to You:	Last Name:	First Name:	*Secret:
Relationship to You:	Last Name:	First Name:	*Secret:

***Secret:** Select one secret answer for each person:

- Person's Last 4 digits of SSN
- Person's Date of Birth (MM/DD/YY)
- Person's 5 digit Zip Code

Please check the box if you *do not* agree with the statement:

Statement 1:

For the purpose of grant and scholarship administration, I give permission to Grinnell College to release my name, demographic and academic information, and the amount of grant/scholarship awarded, to the donor or administrator of that program. *Do not share this information. Checking this box may impact the amount of institutional gift assistance that can be awarded to you.* Note: We will never share your social security number or date of birth.

Statement 2:

For the purpose of information dissemination, I want the Office of Student Financial Aid to communicate with me electronically when possible. *I do not agree.*

Student Signature: _____ **Date:** _____
An original signature is needed.

Unless we are specifically given written permission by a parent – we will not share custodial parent income and asset information with a non-custodial parent and vice versa. Nor will we share non-custodial parent information with you, if that parent has not given us permission to do so.

You may change who we can share information with at any time by completing a new form available at the Office of Student Financial Aid, John Chrystal Center, 1st Floor or online at www.grinnell.edu/offices/financialaid/forms. If you have any questions, please contact us.