

**Authorization for the Release of Information**  
**Grinnell College Office of Student Financial Aid**  
**John Chrystal Center, 1<sup>st</sup> 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, 1<sup>st</sup> Floor or online at [www.grinnell.edu/offices/financialaid/forms](http://www.grinnell.edu/offices/financialaid/forms). If you have any questions, please contact us.