



**OFFICE OF FINANCIAL AID**

**Authorization and Request for Release of Financial Aid Records and Information**

You are hereby authorized to disclose, make available, and release financial aid records and personally identifiable information to the person(s) listed below without my further consent, and until further notice:

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(List names of Individuals, Organizations, Agencies to be included that you wish to have your information shared with, this includes parents, any other relatives, Welfare Agencies, Employment Agencies or any other person or group you so designate, it does NOT mean the College)

This authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Education Rights and Privacy Act, as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

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Student Name (please print)

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Student Signature

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Date

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Student ID (NOT SOCIAL SECURITY NUMBER)

**Coastal Alabama Community College**  
**Financial Aid**  
**Central Processing Office**  
**1900 Highway 31 S**  
**Bay Minette, AL 36507**  
**Phone: 251-580-2151**  
**Fax: 251-580-2182**  
**Email: [financial\\_aid@coastalalabama.edu](mailto:financial_aid@coastalalabama.edu)**