Texas Southmost College
TRADITION • INNOVATION • OPPORTUNITY
Office of Financial Aid
80 Fort Brown ▪ Brownsville, Texas 78520 ▪ (956) 295-3620 ▪ Fax (956) 295-3621 ▪ www.tsc.edu

2016-2017 Student Authorization to Release Financial Aid Records Information

PURPOSE: The purpose of this form is to release financial aid information to a 3rd party. Our office will not honor your request unless all required fields are complete and a ***copy of the student's and 3rd party IDs are attached***. The Student Authorization to Release Financial Aid Records will remain in effect for the 2016-2017 school year unless canceled in writing by student. *Do not use pencil.* Please print. ***Note: student must submit this form in person.***

_____ _____ _____
Student Name Student ID (Required) Date of Birth

_____ (_____)_____ (_____)_____
Address Cell Phone Work Phone

_____ _____
City State Zip Code Email

Other names which may appear on records: _____

I, _____ request and authorize the Financial Aid Office at the Arnulfo Oliveira Student Center:

☐ To release to: _____ (_____)_____
☐ To discuss with: Name of Person Receiving Information Phone
☐ To fax to:
☐ To mail to: _____ (_____) _____
Name of Institution/Association/Business Fax

_____ _____
Address Email

Financial aid information including but not limited to grants, loans, scholarships, work/study or other financial assistance I have received, am receiving, or will receive for the following purpose(s):

☐ Transfer Request
☐ Student Status Verification for Housing Request
☐ Outside Scholarship Application Request
☐ Other (please specify) _____

Student Signature: _____Date:_____

Third Party Signature: _____Date:_____

Financial Aid Office Use: ___ Student ID Card Verified/Photocopied ___ 3rd Party ID ___ Logged in SIS

Date Received: _____ Authorized by: _____

For office use only: Received by_____