

**Authorization to Release Information
Office of Registrar and Financial Aid**

Seward County Community College/Area Technical School will not release detailed information about your financial aid or student record, except as allowed under the law. If you wish, you may give your permission to release any and all of your financial aid information by completing this form.

Student Name (Please Print)

Student ID Number

Social Security Number

Date

I AUTHORIZE THE FOLLOWING PERSON TO HAVE ACCESS TO INFORMATION IN MY STUDENT FILE; SUCH AS GRADES, INFORMATION IN MY FINANCIAL AID FILE OR COPIES OF ANY/ALL INFORMATION. I UNDERSTAND THIS AUTHORIZATION WILL BE IN EFFECT UNTIL I SUBMIT A WRITTEN REQUEST TO CANCEL THIS AUTHORIZATION. I UNDERSTAND THE OFFICES AT SCCC/ATS ARE LIMITED IN RELEASING INFORMATION OVER THE PHONE. I EXPRESSLY RELEASE SCCC/ATS FROM ANY AND ALL LIABILITY CLAIMS RELATING TO THE ACQUISITION AND RELEASE OF ANY INFORMATION PERTAINING TO ME.

Please check the information you would like to release:

- Financial Aid Information
- Grades
- All other information (including medical/health)

Name of person authorized to access my personal information

Social Security Number of person listed above

Birthdate of person listed above

Relationship to student

Student Signature

Date

IF YOU DO NOT HAVE ALL INFORMATION NEEDED TO COMPLETE THIS FORM, PLEASE MAIL IT TO: 1801 N. KANSAS, LIBERAL, KS 67905

*A photocopy of this authorization shall have the same force and affect as an original.