

## Release of Information Form

I, \_\_\_\_\_, SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ give  
(Student Name – Please Print)

permission to the South Plains College Financial Aid Office to release any information in my financial aid file to:

\_\_\_\_\_, SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.  
(Please Print) (Required)

relation to student \_\_\_\_\_  
(i.e. spouse, parent, step-parent, etc.)

I am aware that if I do not want to continue to have my information released to the above mentioned person, I am responsible to void this release by contacting the Financial Aid Office.

\_\_\_\_\_  
Student Signature

**Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.**