Colorado College

Release of Financial Aid Information to Scholarship Organizations

By completing this form you are authorizing the Financial Aid Office at Colorado College to release your personal financial aid application information from FAFSA and CSS Profile to the scholarship organization and/or their representative listed below.

This form must be submitted in person with original signature. This release will be valid for four years. If you would like to revoke these permissions please contact our office.

_____

Name (Last Name, First Name)   Student ID

_____

Student Email

Please list all scholarship organizations and their contact information:

Organization Name: _____
_____

Organization Name: _____
_____

Organization Name: _____
_____

Organization Name: _____
_____

Organization Name: _____
_____

_____

Student Signature   Date