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

Office of Financial Aid
& Student Employment
14 E. Cache La Poudre  Colorado Springs, CO 80903
financialaid@coloradocollege.edu
719.389.6651 or 800.260.6458
719.389.6173 fax