



## ACCESS College Student Information Release

\_\_\_\_\_  
Name (last, first, middle initial)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
High School

\_\_\_\_\_  
Graduation Date

The ACCESS College Foundation helps find financial aid for your student to attend college. Your permission is needed to request information from the Financial Aid office of the college your student will be attending. The records will verify the student's financial aid, grades, transfer records or any other relevant information.

ACCESS will be gathering this information for statistical purposes only and all information will be held in confidence per the requirements of the Gramm-Leach-Bliley Act of 1999.

This authorization shall be valid for a period of six years from the high school graduation date.

The ACCESS College Foundation may take photographs and/or video footage of ACCESS students during ACCESS activities to use in publications (such as our Annual Report, newsletter, etc.) and promotional videos.

***I authorize the college attended to release to the ACCESS College Foundation any and all information related to financial aid, grades, transfer records, or any other information necessary to evaluate ACCESS program services. I also authorize the public use of any pictures that may be taken during an ACCESS event.***

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

If student is under 18 years of age:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Note: A Social Security Number is not required to obtain services provided by ACCESS; however, to advocate on the student's behalf when speaking to college admissions or financial aid departments this number or the new FSA ID may be required as a student identifier.