



Department of Financial Aid
 Momentum Center
 1601 Maple Street
 Carrollton, GA 30118-4600

*Division of Student Affairs and Enrollment
 Management*

RELEASE OF FINANCIAL AID DOCUMENTS

Student's Name (please print) _____

Student ID # _____

Student's Address (street, city, state, and zip) _____

Telephone # (include area code) _____

INSTRUCTIONS

1. If this information is to be released to a third party, complete the Third Party Release section of this form.
 2. Your parent(s) must sign below if the documents you are requesting contain any of their information.
 3. Submit this request in person to the Enrollment Services Center in the Momentum Center.
- *If you are unable to submit this form in person you may fax it *with a copy of your Student ID or Driver's License* to: 678-839-6439.

TELL US WHAT DOCUMENTS YOU NEED

YEAR(S)

Number of Copies

- Student's Income Tax Return/Transcript
- Parent(s) Income Tax Return/Transcript
- Financial Aid Notices (SAP)
- Other: _____

What would you like us to do with the copies? Please allow 24 hours for processing.

- I will pick up the information at the Enrollment Services Center in the Momentum Center.
- Mail the information to: _____

Name

Street Address

City, State

Zip

- Fax the information to: _____

THIRD-PARTY RELEASE

- I give permission for my financial aid documents to be released to:

Name: _____

Address: _____

Phone: _____

Reason(s) for release: _____

PARENT(S) AUTHORIZATION TO RELEASE INFORMATION

- I/We give permission for our son/daughter to receive copies of the documents listed above in his/her file containing my/our information.

Father's Signature

Date

Mother's Signature

Date

STUDENT MUST SIGN AND DATE BELOW

Student Signature

Date

Telephone 678-839-6421

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