**2018-2019 Release of Student Financial Aid Information**

First Name: Last Name:

Student ID: Primary Phone Number:

**Term (Please choose one):** [ ]  Fall 2018 [ ]  Spring 2019 [ ]  Summer 2019

***(A Release of Student Financial Aid Information Form must be completed every semester)***

**I authorize the FINANCIAL AID OFFICE to release my financial aid information to the following agencies and/or people:**

Agency:

Name of Property Manager, Case Worker (if known):

Agency:

Name of Property Manager, Case Worker (if known):

Agency:

Name of Property Manager, Case Worker (if known):

*I understand that this authorization is in effect while I am a student at Pueblo Community College and that I may modify it at any time.*

*By signing this document, I certify that the information is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to the U.S. criminal code and the Colorado criminal code.*

Student Signature: Date: