

Sandburg Financial Aid
2400 Tom L. Wilson Blvd
Galesburg, IL 61401
Phone: 309.341.5283
Fax: 309.344.2529



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COLLEGE™
www.sandburg.edu

2017-2018 Financial Aid Information Release Form

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx- _____

I would like the information checked below released to:

Name _____ Relationship _____

Please release information regarding my financial aid application including (check all you wish to release):

- Documents received and needed
- Income and FAFSA application data
- Tax Information
- Financial aid awarded funds
- Financial aid applied to the student's account, used for books and/or refunded to the student
- Other (specify) _____

This release is valid for the period 7/1/2017 to 6/30/2018 for information pertaining to the 2017-2018 academic year. It may be canceled or changed at any time by notifying our office in writing.

Signature _____ Date _____