

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



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## 2016-2017 Financial Aid Information Release Form

Student 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 7/1/2016 to 6/30/2017 for information pertaining to the 2016-2017 academic year. It may be canceled or changed at any time by notifying our office in writing.

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