

JWCC FINANCIAL AID RELEASE OF INFORMATION FORM

Name (Please print)

Social Security Number

Address

City

State

Zip Code

Telephone number

Work number

Cell Phone number

Information to be released (check all that apply):

___ financial aid status

___ current financial aid award

___ financial aid history

___ Other: _____
(be specific)

Name and address of agency/person to receive information:

Name/Agency

Relationship

Address

City

State

Zipcode

Telephone number

I authorize the Financial Aid Office at John Wood Community College to release the above information.

Signature of student

Date

Return completed form to:

Financial Aid Office
John Wood Community College
1301 South 48th Street
Quincy IL 62305

