



Office of Financial Aid
999 Avenue H, Northeast
Winter Haven, FL 33881

AUTHORIZATION FOR RELEASE OF FINANCIAL AID RECORDS

By my signature, I hereby authorize release of my Financial Aid Records/Information from Polk State College to the agency or person indicated below.

Student Name _____

Student Signature _____

Instructions: Please sign the release above in ink and complete the following information completely and legibly.

Printed Name: _____

Student ID/SS#: _____

Send Information to:

Agency/Person: _____

Mailing Address: _____
