



Bethany

A Small College of National Distinction

Financial Aid Office Information Release Form

I give the financial aid office staff permission to release any of my financial aid information, including expected family contribution (EFC), income information, financial aid awards, and any other financial aid information to the following:

NAME	RELATIONSHIP TO STUDENT
_____	_____
_____	_____
_____	_____
_____	_____

*IF YOU ARE A DEPENDENT STUDENT WHOSE PARENTS ARE DIVORCED OR SEPARATED AND WOULD LIKE TO RELEASE INFORMATION TO THE NON-CUSTODIAL PARENT, YOUR CUSTODIAL PARENT **MUST** SIGN BELOW BECAUSE THEIR FINANCIAL INFORMATION IS ON YOUR FAFSA.

(If you would like to add any additional names, please list them on the back of this form.)

_____ Student's Printed Name	_____ Alt. ID # or SSN#
_____ Student's Signature	_____ Date
_____ *Custodial Parent Signature (if required – See above)	_____ Date

Return this completed form via fax to: 304-829-7142
or mail to: Financial Aid Office #4, Bethany College, 31 E Campus Dr, Bethany, WV 26032-3002