



KETTERING MEDICAL CENTER

## Consent to Release Financial Information Form

### Student Finance Office

**\*This form can only be used to release financial aid and student account information\***

I, \_\_\_\_\_, give my written permission to the Student Finance Office at Kettering College to release to someone other than myself, any and all financial information regarding my financial aid and/or student account (excludes academic information). The Consent form does not grant permission to anyone, other than the student, to request copies of any document from the student's file. All document requests **MUST** come from the student. The Consent form will remain valid for 5 years from the time it is signed or until revoked **IN WRITING** by the student. The form submitted most recent is considered the most accurate if contradictory forms are received by the Student Finance Office.

Please complete all the following information for the person(s) you are granting permission to discuss your financial aid/student account details. The date of birth is **mandatory** as it will be used to verify the identity of the individual calling on the student's behalf.

Name of individual \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print Name

Name of individual \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print Name

Name of individual \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print Name

Name of individual \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print Name

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Student Signature

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KC Student ID Number

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Date