

CONCORDIA COLLEGE

INFORMATION RELEASE

I authorize the following individual(s) access to all of my financial aid information. This authorization is in place until I rescind it in writing.

Name Relationship to you Last 4 of digits of social security number

Name Relationship to you Last 4 of digits of social security number

Name Relationship to you Last 4 of digits of social security number

_____ Please initial if you, the student, wish to **opt-in to receive text messages** from the Concordia Financial Aid Office.

Student Signature

Date

Print Name

Concordia ID

Parent Signature