



## Financial Aid / Student Accounts Information Disclosure Form

I authorize the Corcoran College of Art + Design to release information concerning my current Financial Aid and/or Student Accounts to the school, agency, or individual(s) listed below.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Street Address

City

State

Zip Code

Please check one of the following:

- Landlord
- Parent
- Spouse
- Other Please Explain: \_\_\_\_\_

Provide a complete name and mailing address in the spaces provided:

1.) _____ _____ _____	4.) _____ _____ _____
2.) _____ _____ _____	5.) _____ _____ _____
3.) _____ _____ _____	6.) _____ _____ _____

**\*THIS AUTHORIZATION REMAINS VALID UNLESS CHANGED BY STUDENT IN WRITING\***