



The Financial Aid Office of  
Southern Arkansas University Tech,  
has permission to  
**release my financial aid and student  
information to:**

Name \_\_\_\_\_  
SS # \_\_\_\_\_  
Semester    Fall     Spring     Summer

\_\_\_\_\_  
Agency/Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Records to be disclosed/Purpose of disclosure

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date