

Arlington Baptist College

DEADLINES:

Summer Financial Aid: _____
Fall/Spring Financial Aid: _____
Spring Only Financial Aid: _____

Financial Aid Disclosure

ADDRESSES:

Arlington Baptist College
Financial Aid Office
3001 W. Division Street
Arlington, Texas 76012
(817) 461-8741 Fax: (817) 274-1138
E-mail: ctreat@arlingtonbaptistcollege.edu
Internet: www.arlingtonbaptistcollege.edu

CONSENT TO DISCLOSE EDUCATIONAL AND FINANCIAL RECORDS AND INFORMATION

Student Section: To be completed by student requesting copies of document(s) from their financial aid file or authorizing release of information to another named person or agency.

I, _____,
Student's Name (please print) Student Social Security

do authorize and request the Financial Aid Office Arlington Baptist College to release award information from my financial aid records to the person(s) or agency(s) named below for the **Duration** of enrollment at Arlington Baptist College, unless otherwise revoked by me in a subsequent **Signed and Dated Letter** to Financial Aid Office:

| Name | Address | Relationship |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If copies are to be mailed, please complete this section:

Specific Educational Institutional or Agency

| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|
|-----------------|------|-------|----------|

I understand that copies of these documents are being released solely for my benefit and without cost to me. Please note that parent information reported in the financial aid application cannot be released to or discussed with anyone other than the parent whose information is reported.

Student Signature

Date