



SOUTHEAST ARKANSAS COLLEGE

Financial Aid Consent Form

By signing this form, I hereby grant approval to the individual(s) listed below to:

_____ Discuss my financial aid status including any information related to the financial aid process such as award notification, scholarships, alternative loans, incomplete documents, refunds, satisfactory academic progress (SAP) status, etc.

Parents, guardians or family members to whom this information may be shared with are listed below - [list name(s), address, email and phone numbers]:

Name _____

Address _____
(address) (city) (state) (zip code)

Email _____ Phone # _____

Name _____

Address _____
(address) (city) (state) (zip code)

Email _____ Phone # _____

Unless otherwise noted, this release is valid during any enrollment period at SEARK College.

Print Student Name

Student Signature

Student I.D.

Date