



## 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student I.D.

\_\_\_\_\_  
Date