Authorization for the Release of Financial Aid Information By completing this form, you authorize the Financial Aid Office at North Idaho College to discuss information regarding all aspects of your financial aid, except for information pertaining to your academic progress, to the outside organizations you list below. Please note that this is a precautionary measure taken to protect your privacy. This release will remain in effect until you revoke privileges in writing.

I ____________________________/____________________, hereby authorize the North Idaho College’s Financial Aid Office to provide information regarding my financial aid to the organization, agency, or program listed below.

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<th>Organization Name</th>
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Student Signature__________________________________________ Date____________________

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REVOCATION:

I ____________________________/____________________, hereby revoke authorization for the North Idaho College’s Financial Aid Office to provide information regarding my financial aid to the organization, agency, or program listed above.

Student Signature__________________________________________ Date____________________

Rev 4/3/18