



Fulton-Montgomery
Community College

INFORMATION RELEASE

COLLEGE RECORDS OR INFORMATION CANNOT BE RELEASED WITHOUT
THE WRITTEN CONSENT OF THE STUDENT

I, _____ give my permission to the Financial Aid office at
Fulton Montgomery Community College to send to or discuss my financial
information with the following:

Name and Address of Agency:

Student Name (Print): _____

Student Signature: _____

Social Security #: _____

Date: _____

Futures Made. Here.

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