



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:**

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Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_