



North Idaho College

1000 West Garden Avenue, Coeur d'Alene, Idaho 83814
Financial Aid Office

Cardinal Central
(208) 769-3311 phone
(208) 769-3399 fax
CardinalCentral@nic.edu

Authorization for Release of Financial Aid Information

By completing this form, you authorize the Financial Aid Office at North Idaho College to complete and send a Needs Analysis, Verification of Educational Assistance, or other financial aid confirmation form 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 at the bottom of this form.

Name: _____ Student ID: _____

OUTSIDE ORGANIZATION INFORMATION:

Organization Name: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

OUTSIDE ORGANIZATION INFORMATION:

Organization Name: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

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 on this form.

Student Signature _____ Date _____

REVOCACTION: (***STOP*** - only complete this section to ***REMOVE*** this authorization)

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 _____