

**Cotley College**  
**Financial Aid Office**  
**Release of Information Form**

*Student Name* \_\_\_\_\_  
(Please print clearly)

*This form needs to be completed if you would like someone else (such as a parent, grandparent, etc.) to be able to call and discuss your financial aid information.*

I authorize the Cotley College Financial Aid Office to release information pertaining to my financial aid to the following person(s):

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

No information will be released to persons not listed on this form. This authorization will remain in effect until I send notification in writing stating otherwise.

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

Date \_\_\_\_\_

Cotley College  
Financial Aid Office  
1000 West Austin  
Nevada MO 64772  
Phone: 417-667-8181  
Fax: 417-667-8103