



**MARYLAND HIGHER EDUCATION COMMISSION
OFFICE OF STUDENT FINANCIAL ASSISTANCE
RELEASE OF INFORMATION FORM**

Student Name (Printed): _____

MHEC ID or Social Security Number: _____

I am receiving services in meeting my higher education goals from the following organization(s):

_____ College Bound Foundation (CBF)

_____ First Generation College Bound, Inc. (FGCB)

_____ Other (Please provide name of organization) _____

I hereby authorize the release of all information in the possession of the Maryland Higher Education Commission (MHEC), Office of Student Financial Assistance (OSFA), to the organization(s) as indicated above. I understand that information to be released by MHEC/OSFA may include the following:

- Personal information, including address, telephone numbers, email address, date of birth
- Financial information, including information regarding family income and assets
- Any other information in the possession of MHEC/OSFA kept by MHEC/OSFA in connection with my participation in a student financial assistance program administered by OSFA.

I hereby authorize the release of information by MHEC/OSFA in any form requested by the organization(s) indicated above, including verbally (in person and/or by phone), in written form, or in electronic format.

I understand that I may revoke this authorization at any time by submitting to MHEC/OSFA a written statement. Until MHEC/OSFA receives my written statement, MHEC/OSFA will continue to provide information as requested to the organizations indicated on this Release of Information Form.

I understand that both the student's and the parent's authorization must remain in force. If either the student or the parent revokes this authorization, it is no longer valid.

Student Printed Name

Student Signature

Date

Parent/Guardian Printed Name
(Only required, If the student is under the age of 18)

Parent/Guardian Signature
(Only required, If the student is under the age of 18)

Date