Colorado College

$\label{lem:condition} \textbf{Release of Financial Aid Information to Scholarship Organizations}$

 $from \, FAFSA \, and \, CSS \, Profile \\ and/or \, their \, representative$

This form must b in person with original signature. This release will be valid for four years. If you would like to revoke these permissions please contact our office.

Name (Last Name, First Name)	Student ID	