



Request for Release of Information
(Please allow 48 hours for processing)

Student Name: _____ Date: _____

Student Social Security Number: _____ Student's Phone #: _____

Student E-mail Address: _____

- Academic School Year 2011-2012** **Fall 2011 Only** **Spring 2012 Only** **Summer I & II 2012 Only**

I understand that this release may be rescinded at my request for any term and that a written statement must be provided and received by the ANC Financial Aid Office in Blytheville, Arkansas. I also understand that if I rescind this authorization it is effective on date of receipt of the written statement (not retroactive).

By submitting this form, I give the ANC Financial Aid Office permission to release the following information:

- Current and/or Prior Financial Aid Eligibility/Award(s)
- Current and/or Prior Enrollment Status
- Current and/or Prior Academic Progress
- Final Transcript Reflecting Grades and Course Completion
- ASSET, COMPASS, and/or ACT Test Scores
- Other: _____

(Please Specify)

Release Information to the following agency:(one form per request):

- | | |
|---|---|
| <input type="checkbox"/> Arkansas Vocational Rehabilitation (VOC) | <input type="checkbox"/> Missouri Vocational Rehabilitation (VOC) |
| <input type="checkbox"/> DAEOC (MO EOC) | <input type="checkbox"/> Nucor (NUC) |
| <input type="checkbox"/> Department of Human Services (DHS) | <input type="checkbox"/> TAA (NAF) |
| <input type="checkbox"/> Department of Workforce Services (DWS) | <input type="checkbox"/> VA Vocational Rehabilitation (VAC) |
| Anticipated Graduation Date: | <input type="checkbox"/> Veterans Administration (VA) |
| May: _____ August: _____ | <input type="checkbox"/> Workforce One-Stop (WIA) |
| December: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> EOC (EOC) | |
| <input type="checkbox"/> Housing Authority (HA) | |

Send information to the attention of:

Attention: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Method to Release: Fax Mail Student will pick-up (allow 48 hours) Other: _____

Purpose of Information Release: Educational Benefits Housing Benefits TEA Benefits Other: _____

VA and VA Vocational Rehabilitation Recipients:

- By submitting this form, I understand that as a VA Educational Benefit recipient, I am responsible for following certain procedures to maintain my VA Educational Benefits. I also realize that I must notify the ANC VA representative if **I change my class schedule, drop or withdraw from class(es), change my major, change my address, or stop attending courses within 10 days of any change.** I further understand that VA will be notified and that my benefits may change based on my new enrollment status. I also understand that **only classes that apply to my degree plan** will be submitted to VA and any class(es) I take outside of my degree plan will be my financial responsibility.

Student's Signature

Date