



Consent to Release Financial Aid Information

This consent form seeks your permission to share specific data from your Free Application for Federal Student Aid (FAFSA) with other offices at CT State Community College and third-party scholarship granting organizations. The goal is to enhance your college experience by supporting your attendance, persistence, and completion. It's important to understand the details of the data sharing, including the type of data, the recipients, and the purposes.

Purpose of Consent: By signing this form, you allow CT State to share selected FAFSA data with college offices and third-party organizations to aid your academic success. This includes facilitating access to resources and programs aimed at promoting college attendance and completion. Your FAFSA data, except for Federal Tax Information (FTI), may be used for research and to connect you with support services and opportunities beneficial to your academic journey at CT State.

Scope of Information: The information shared includes FAFSA-derived data like your Student Aid Index (SAI), Federal Pell Grant eligibility, and other non-FTI FAFSA data. This data will be used exclusively for the purpose mentioned in this authorization, without including any personally identifiable information (PII) or FTI, adhering to federal laws.

Duration of Consent: Once signed, your consent will continue to be valid for future years. You can revoke this authorization at any time by submitting a new form requesting this to the Financial Aid Office at any CT State campus location.

Student Information

Last Name: _____ First Name: _____

ID: _____ Phone Number: _____ Home Campus: _____

College Email: _____

Who would you like to share your Financial Aid data with? (select all that apply)

CT State college offices

Third-party scholarship granting organization:

(Name of Organization)

(Name of Organization)

(Name of Organization)

(Name of Organization)

Student Authorization & Signature

By signing this form, I give permission to CT State's Financial Aid Office to release information regarding my financial aid application. I understand that this authorization will be effective until I revoke it in writing.

Student's Signature: _____ Date: _____

I revoke this authorization for release of information.

Student's Signature: _____ Date: _____

Submission Instructions

Please submit this form to the Financial Aid Office using the Student Document Upload, located on the Financial Aid card in your [myCTState](#) portal. You will need your ID and password to sign in. Documentation may also be mailed or dropped off to your home campus Financial Aid Office.