

Wabash.

Wabash College Financial Aid Office PO Box 352 Crawfordsville, IN 47933 phone 800-718-9746 fax 765-361-6166

Disclosure Consent Form

PLEASE PRINT

I hereby authorize the Wabash College Financial Aid Office to disclose information related to my financial aid award to:

(Specify name of organization / individual / party)

Which is a (check one):

- Scholarship-granting organization, or
- Tribal organization, or
- Federal, state, local, tribal organization assisting in applying for/receiving financial assistance for tuition, fees, room, board, books, or personal expenses (including travel)

This disclosure is only applicable to the organization listed above and only for the academic year 20____ - 20____.

STUDENT NAME _____ STUDENT ID# _____

STUDENT SIGNATURE _____ DATE _____

AUTHORIZATION RECEIVED BY _____ DATE _____