# PERMISSION TO FINANCIAL AID OFFICE

Social Security Number: xxx-xx-_____
(last four digits)

Name: _____
Last First Middle (Maiden)

I give my permission to the following college: _____
(College you plan to attend)

to release my financial aid information to the Richland County Foundation for the purpose of determining the granting of a college scholarship.

I understand that in addition to this signed application, I must also submit a copy of my most recent transcript and FAFSA Student Aid Report via the online application.

_____
Student's *Signature* Date

***This form MUST be physically signed by the student. Typing your name into this document does not complete this requirement.***

_____
Student's *Printed* Name

**Student:** Complete, scan and email this page to the Financial Aid Office at your College of choice to determine financial need for a scholarship.

**Financial Aid Office:**
A request for information will be sent to you via Foundant Grant Interface, our online Scholarship Application platform. If you have any questions, please contact Bobby Rhea at brhea@rcfoundation.org or 419-525-3020.