



**AUTHORIZATION TO RELEASE INFORMATION
EDUCATION QUEST FOUNDATION**

Student Name: _____ Student ID Number _____

The Education Quest Foundation has requested information from Northeast Community College. Northeast cannot release the information without your consent. Education Quest funds will not be disbursed until authorization is received.

By signing this agreement, you authorize the Financial Aid Office to release the following information requested by the Education Quest Foundation:

Expected Family Contribution

I attest that I am the student (enrolled or previously enrolled) signing this form and by signing below, I hereby authorize the Financial Aid Office at Northeast Community College to release all requested educational and/or financial aid records to the above scholarship donor(s), as requested by the scholarship donor in order to receive the scholarship funds. I agree to release, indemnify, and hold harmless Northeast Community College, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the College's compliance, or any attempts to comply, with this Release of Information. This Authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Financial Aid Office at Northeast Community College.

Student Signature

Date

Please return this form to: Northeast Community College, Office of Financial Aid
College Welcome Center
801 East Benjamin Avenue
PO Box 469
Norfolk, NE 68702
Fax No. 402-844-7397