Vermont Department for Children and Families
Economic Services Division

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FINANCIAL AID INFORMATION RELEASE

TO: Financial Aid Officer of_____

I, _____SSN_____, hereby authorize release of educational financial aid information contained in my record. I request this form be completed and sent to the Department for Children and Families.

DCF-Economic Services Division
Application and Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

Signature of individual receiving aid:_____ Date:_____

Benefit Program Specialist _____ Phone: 1-800-479-6151

Does the student named above receive financial aid solely from funds through Title IV of the Higher Education Act?

☐ Yes. No information on Title IV funds is needed.

☐ No. Please provide the requested information on financial aid that is not from the Title IV funds.

Aid Program	FINANCIAL AID AWARDED				AWARD AMOUNTS ATTRIBUTED TO						"Other" Expenses * * *
	Total Aid Amount Paid	Period award covers									
		Start date	End date	Date	Tuition	Fees*	Books	Supplies	Personal Expenses**	Transportation	
Federal non-Title IV: VA											
Other – specify:											
Non-Federal funded: VSAC											
Other – specify:											

* Mandatory Fees – charged all students or fees of a certain curriculum: e.g., uniforms, lab fees charged all students.
** Personal Expenses – do not include any amounts for room, board or child care in this column.
*** "Other" Expenses – any expenses not listed elsewhere. Please explain what the expenses are on the reverse side.

PLEASE ANSWER THESE QUESTIONS:

This student is enrolled: [ ] less than ½ time [ ] ½ time [ ] full-time

Is this student a graduate student? [ ] Yes [ ] No

Actual costs per semester: Tuition $_____ Mandatory fees $_____

Is student currently participating in any federally-financed work-study program? [ ] Yes [ ] No

Does the school offer health insurance? Yes [ ] No [ ] If yes, has this person enrolled? Yes [ ] No [ ]

Financial Aid Officer's Signature_____ Phone_____ Date_____

Revised 10/2015