

**ANETH CHAPTER**  
Student Financial Assistance Program

**STUDENT'S CONSENT TO ACCESS/RECEIVE INFORMATION**

For the Student's information:

It is the policy of the Aneth Chapter that all files and information pertaining to an applicant's file be kept confidential by the Aneth Chapter Student Financial Assistance Program (ACSFAP). In order for ACSFAP to disclose any information regarding an applicant and applicant's application status, the applicant must submit a signed disclosure statement to the Aneth Chapter, specifying the individuals and/or entities to receive the information from the Aneth Chapter in relation to the student's ACSFAP application.

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**CONSENT**

I, \_\_\_\_\_, hereby authorize the following individual(s) to have access to my application file and to inquire on the status of the application:

- 1. Name: \_\_\_\_\_ Census #: \_\_\_\_\_  
Relation: \_\_\_\_\_  Full Access  Limited Access
- 2. Name: \_\_\_\_\_ Census #: \_\_\_\_\_  
Relation: \_\_\_\_\_  Full Access  Limited Access

I understand this action is voluntary and I reserve the right to revoke this authorization in writing. Further, I hereby release all persons and organizations from Liability for providing referent information to the individual(s) mentioned above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*For limited access authorization, please indicate information you wish to remain confidential by ACSFAP.*