



**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  
Adjusted Gross Income  
Parent Adjusted Gross Income (Dependent Students)**

**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.**

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Student Signature

Date

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Parent Signature (Dependent Students)

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