

ETV Financial Aid Release Form

School _____
(print name of school or program you are attending)

Student ID _____
(print your student ID)

Social Security Number _____
(print your Social Security Number)

I have completed the FAFSA (please check one) _____ Yes _____ No

To the Financial Aid Office:

I _____ (print name) have applied for State funding towards my school costs. In order to receive this funding, the Education and Training Voucher (ETV) Program staff at Samaritas may need access to my enrollment status, grade history, and financial aid information. If requested, I authorize you to send a copy of my Schedule, Transcripts, and Financial Aid Award letter to the Michigan Education and Training Voucher (ETV) Program. I further authorize you to release information regarding my enrollment status, grade history, and financial aid information to the Michigan ETV Program via US Mail, telephone or fax.

Sincerely,

(Student Signature)

(Date)

Please circle one of the following:

I am a full time student (_____ credits) part time student (_____ credits)

Samaritas
Attn: ETV
729 W. Michigan Ave., Suite 200
Jackson, MI 49201
Phone: (877) 660-6388
Fax: (517) 789-6809