

STUDENT LOAN COORDINATOR MRS. KAROL CLEMENT

3703 HARVARD ROAD, ERIE, PA 16508

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**RELEASE FORM
FINANCIAL AID INFORMATION**

I hereby authorize:

College _____

Address _____

City _____

to reveal my financial aid information to the Student Loan Committee of the American Baptist Women's Ministries of PA/DE, for the purpose of obtaining a student loan from this organization.

Signed _____

Printed _____

Address _____

City _____

Dated _____