Office of Financial Aid Consent for Release of Federal Tax Information (FTI) 2024-2025



STODENT INTOKUMTITON			
Student Name:	Student ID:	Student ID:	
Student Address:	Student Date of Birth:	Student Date of Birth:	
City, State, Zip:	Student Email:	Student Email:	
Student Phone:	Student Alternate Phon	Student Alternate Phone:	
I, the undersigned, grant permission to Grays information from my 24-25 FAFSA to:	son College Financial Aid to disclo	ose my 2022 federal tax return	
Solely for the purpose of:			
SIGNATURE			
Student Printed Name:	Student Signature:	Date:	

STUDENT INFORMATION

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299 Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908