

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
 (First and Last Name) (Name of Institution)

To release information to the Florida Board of Accountancy regarding the cost of attendance, enrollment information and financial information.

FINANCIAL AID CERTIFICATION (To be completed by Financial Aid office)**Student Information**

Fill out each section completely.

Student ID Number	Permanent Florida resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Last Name	First	Middle Initial	Suffix
Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		

FINANCIAL INFORMATION

Estimated Annual Cost of Attendance (COA):	Student's Expected Family Contribution (EFC):
Financial Need(COA – EFC):	
Has this student previously received funding through the Clay Ford Scholarship program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what amount did the student receive? \$	
In which degree program is the student enrolled?	<input type="checkbox"/> Acct Undergraduate <input type="checkbox"/> Acct 3/2 <input type="checkbox"/> Acct Graduate
Student's Overall GPA on a 4.0 Scale:	
Is the Student in Good Academic Standing as defined by the College or University?	<input type="checkbox"/> YES <input type="checkbox"/> NO

What address should we mail scholarship checks to?	Who should we contact at the school if we have any questions?
Name of Institution	Name
Street Address or Post Office Box	Telephone Number
City, State and Zip Code	Email Address

Return to student or mail to:

Florida Board of Accountancy
 Attn: Clay Ford Scholarship
 240 NW 76th Drive, Suite A
 Gainesville, FL 32607

Financial Aid Office Certification

I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

OFFICIAL
SEAL

Institution Name

Signature of Program Officer

Date