

GRCC Release of Information Form

Student Name: _____ Student ID: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____

Complete form and submit to GRCC Cashier's Office with a copy of your driver's license or state ID.

I _____ authorize that _____
may discuss my financial account with the Cashiers Office.

- 1098T Tax Information
- Address and Residency Status
- Charges
- FACTS Payment Plan
- Higher One
- Payments (Self Service, Cashiers and FACTS)
- Refunds
- All of the above

Student Signature: _____ Date: _____

Witness (GRCC Cashier): _____ Date: _____

Comments (SFAC – SFAUTH)

GRCC Cashier's Office – Email: cashier@grcc.edu Phone: (616)234-4020 Fax: (616)234-4367