

# CREDIT REPORT AUTHORIZATION AND RELEASE FORM FOR FINANCIAL AID APPLICANTS

I hereby authorize AGBU MANOOGIAN-DEMIRDJIAN SCHOOL ("AGBU MDS") to obtain my personal credit report from a credit reporting agency of their respective choice and to review my personal credit report.

I understand and agree that AGBU MDS intend to use the credit report(s) for the purpose of evaluating my financial situation as part of the overall financial aid application process and grant allocation.

Authorizatiogs accounts, and outstanding credit accounts such as mortgages, auto loans, personal loans, charge cards, credit union is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report including, but not limited to, my employment, savinions, etc.

I understand that I may revoke my consent to these disclosures by notifying AGBU MDS in writing.

## Parent or Legal Guardian 1

Full Legal Name

Social Security Number

Date of Birth

Address

City

State

Zip

Signature

Date

## Parent or Legal Guardian 2

Full Legal Name

Social Security Number

Date of Birth

Address

City

State

Zip

Signature

Date