

In-state: (800) 210-6932  
Fax: (207) 454-1018

**Agency Information Exchange Form**

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(please print)

**STUDENT DIRECTIONS:** Complete Section A and submit the form directly to the agency that is providing financial assistance along with a copy of your award letter. Please note that until this form is completed and returned to the WCCC Financial Aid Office, no financial assistance will be disbursed to your account, nor will any student loan be processed.

**Section A (to be completed by the student):** I, \_\_\_\_\_, give \_\_\_\_\_ (agency name) permission to release the amount/type of financial assistance to the WCCC Financial Aid Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENCY DIRECTIONS:**

Funds will not be released and loan application will not be processed or certified until this form is completed and returned to the WCCC Financial Aid Office in compliance with the Title IV U.S.D.E. regulations. Please note the following:

1. Incomplete forms will be returned to the agency. Leave no blanks.
2. An agency "Letter of Agreement (LOA)" is not a substitute for this form since non-direct school costs such as transportation and child care are not typically give on the LOA.
3. Amounts listed below should represent only funds that the agency will provide in excess of the student's WCCC award letter.
4. By certifying this form, the agency agrees to promptly notify the WCCC Financial Aid Office of any funding revisions made to the student.

**SECTION B (to be completed by the agency):** The above named student will receive the following agency assistance during the period of July 1 through June 30 of the academic year of enrollment. **If you purposely give false or misleading information on this application, you may be fined \$20,000, be sentenced to prison, or both.**

**LEAVE NO BLANKS**

	Summer Semester July-August	Fall Semester August-December	Spring Semester January-May
TUITION	_____	_____	_____
FEES	_____	_____	_____
STIPEND	_____	_____	_____
TRANSPORTATION	_____	_____	_____
OTHER (EXPLAIN)	_____	_____	_____
OTHER (EXPLAIN)	_____	_____	_____
TOTALS	_____	_____	_____

\_\_\_\_\_  
(Agency Representative Signature) (Printed Name) Date

Agency Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_