

TRUST FUND RELEASE FORM

DATE: _____ DATE OF BIRTH: _____

I _____ will or am eighteen (18) years of age on _____
Name Date

and I am requesting the release of my trust fund. Amount to release: \$ _____ or ALL

Below is the information needed to release funds:

Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____

Please send my check to the following address:

Thank you,

Signature Date

MAIL TO THE ADDRESS BELOW

Notary Stamp	Signed before this _____ day of _____ 20 _____.
	In _____ County, State of _____
	_____ Notary Signature

TRUST FUND INFORMATION

Office Use Only

Date Trust Fund Request Received by Enrollment Office _____

Date Authorization Letter Sent to Council for signing _____

Date Authorization Letter Faxed to financial institution _____