

## CONSENT FOR RELEASE OF STUDENT FINANCIAL AID INFORMATION SCHOLARSHIP GRANTING ORGANIZATIONS

Student Name (print): \_\_\_\_\_  
S#: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Current address (City/State/Zip code): \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered "directory" information. Educational records include financial aid and student account records which are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. The Higher Education Act (HEA) places additional limits on the information that can be disclosed from your federal Free Application for Federal Student Aid (FAFSA). For these reasons, it is necessary for the College to obtain permission from a student in order to release financial information not excluded by federal and state laws.

I, the undersigned, authorize the release of my financial information, including but not limited to any financial aid applications and any data provided on the student's financial aid application or FAFSA, to the scholarship granting organizations named below. This release only pertains to my financial aid records and does not allow the individual/organization(s) named below access to information from any other department or office except if it to assist me in applying for and receiving financial assistance for the costs of attendance at the College. The scholarship granting organization that receives this information shall not sell or otherwise share such information.

I agree to allow the below-named organization(s) access to my financial aid records for the current award year effective as of this date and until revoked in writing by me to the College's financial aid office. I understand that this form must be completed for each award year as is the FAFSA. I also understand this form is

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not active until returned to the College's financial aid office. I have a right to inspect any written records released pursuant to this consent.

### First Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Second Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Third Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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