CONSENT FOR RELEASE OF INFORMATION

TO BE COMPLETED IN BLACK INK				
Student Name:			· · · · · · · · · · · · · · · · · · ·	
Student ID #:		ST 	M.I.	
Student's Consent for the Release	ease of Financial	Aid Office I	Records & Information	n (must be
The Family Educational Rights and Pri requires that student personally identificacademic records may not be disclose permission. To ensure compliance with the student and any other individual wito ensure proper identity and author Financial Aid office, it must be accorded or Passport to confirm the student, (please print student name)	able information (or Fd to anyone other that he FERPA, all inquiries shing to obtain accestization. If you choo mpanied by a copy dent's signature on the incial Aid Office for the	PII), such as soon the student was for specific finals. As a result, use to mail or factor a valid stude the Consent fo	cial security numbers, birthd ithout the student's express ancial aid information require this form must be submit ax this form to the Grossrent driver's license, state rm.	lates, financial and sed written regarding my
academic year discussed with and/or r Individual 1	eleased to:			
NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)
Individual 2 NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)
Student Signature			Date	
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