Southwestern College



Financial Aid Office

2019-2020 Consent to Release Information Form

Last Name	First Name	МІ		SWC ID Number
requires that student persomay not be disclosed to a permission is required of al inquiries for specific financ	onal information, such as son inyone other than the students, even if the students, even if the students and information require	ocial security nuudent without the dent is under the dentification be	mbers, birthdates, he student's expre e age of 18. To ens by the student and	s student confidentiality. FERPA financial and academic records essed written permission. This sure compliance with FERPA, all any other individual wishing to ty, and must be renewed every
A. Consent to Release				
□ I, (please print student na regarding my records in the and/or released to:	-			eby consent to have information 0 academic year discussed with
Name (Please print)	Relationship to Student	information to be released		Fax Number or Email Address
B. Request to Rescind				
previous Consent to Relea	ase Information Form be	rescinded and	that person(s) pre	, do hereby request that my eviously listed no longer have ne 2019-2020 academic year.
C. Release to Student				
 I, (please print studer previously submitted docur 		rn College Finan		, do hereby request that the d below be released to me.
	Na	nme of Document		
D. Certification				
	asked may be cause	for delay, den	ial, reduction or	at any false statement or failure withdrawal of financial aid.
Student Signature	 Date	Received by	to Student only: Pictu (Print Staff Name) rator Signature	ure ID Driver's Lic Dother

Submit this form to the Southwestern College Financial Aid Office or to any of the Student Services Departments at any of the Higher Education Centers. You should make a photocopy of this form for your records.