

2014-2015 CONSENT TO RELEASE OF INFORMATION

TO BE COMPLETED IN **BLACK** INK

Date: _____

Student Name: _____
LAST FIRST M.I.

ID #: _____

The Family Educational Rights and Privacy Act (FERPA) is federal legislation that requires student confidentially. FERPA requires that student personal information, such as social security numbers, birthdates, financial and academic records may not be disclosed to anyone other than the student without the student's expressed written permission. This permission is required of **all** students, even if the student is under the age of 18. To ensure compliance with FERPA, all inquiries for specific financial aid information require identification by the student and any other individual wishing to obtain access. **This form must be submitted by the student to ensure proper identity, and *must be renewed every academic year.***

Consent to Release

☐ I, (please print student name) _____, do hereby consent to have information regarding my records in the Southwestern College Financial Aid Office for the 2014-2015 academic year discussed with and/or released to:

NAME (please print)	CA Driver's License Number or ID Number	Relationship to Student	Your E-mail Address
1)			
2)			

Request to Rescind

☐ I, (please print student name) _____, do hereby request that my previous Consent to Release Information be rescinded and that person(s) previously listed no longer have information regarding my records in the Southwestern College Financial Aid Office for the 2014-2015 academic year:

Student Signature_____
Date