Southwestern College



Financial Aid Office

2016-2017 Consent to Release Information Form

Last Name	First Name	MI	SWC ID Nu	mber	Date of Birth
The Family Educational Rights a that student personal informat disclosed to anyone other than students, even if the student is information require identification by the student to ensure proper A. Consent to Release	tion, such as social security the student without the stude under the age of 18. To early the student and any other	numb lent's e ensure her ind	pers, birthdates, finance expressed written perm compliance with FERF lividual wishing to obta	cial and academic ission. This permiss PA, all inquiries for	records may not be ion is required of all specific financial aid
☐ I, (please print student nan regarding my records in the So released to:					
Name (Please print)	CA Driver's License or ID Num	ber F	Relationship to Student	Specific information t	be released or shared
B. Request to Rescind					
□ I, (please print student name) Release Information Form be res Southwestern College Financial <i>F</i>	cinded and that person(s) pre	eviousl	ly listed no longer have		
C. Certification					
Signing this form certifies that the	ne information reported is co	mplete	e and correct and that a	any false statement	or failure to provide
proof when asked may be cause misleading information may be	·			Warning: purposel	y giving false and/or
Student Signature	Date				

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the Southwestern College Financial Aid Office.

You should make a copy of this worksheet for your records.