

Student Signature: \_\_

## 2018-2019 FERPA Form for Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account and financial aid records which are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for the Office of Financial Aid to obtain written consent from the student in order to release any financial aid or student account information to a third party.

Confidential Status established by the student through Solano Community College's Admissions & Records Office overrides all release requests on file with the Office of Financial Aid. No information will be released while a student's registrar record is marked Confidential, regardless of this signed release is on file.

Student Nar	me: SCC ID#:
Release of	Student Financial Aid Information. Please read, initial and sign below.
	I understand that this consent is <u>valid</u> from <b>July 1, 2018 to June 30, 2019</b> and may be revoked prior to June 30, 2019 only by written consent of the student.
	- I understand that I must complete this form every academic year, if needed.
	<ul> <li>I understand that the Office of Financial Aid must obtain a copy of an unexpired government photo ID from each authorized individual listed below, including the student.</li> </ul>
authorize t	the release of the following information (select all that apply):
with the spe	nt the SCC Office of Financial Aid permission to release any information regarding my financial aid file in accordance cifications I have indicated below.
☐ I giv info	neral Information:  ve my consent to release any information regarding my financial aid file which could include FAFSA application ormation; financial aid packet; needs analysis results and/or financial aid disbursements dates, disbursement ounts and any BankMobile account information.
	uthorize the individuals listed below to submit financial aid documents that are needed in my absence, <b>EXCEPT</b> ancial Aid Loan Requests and the Identity and Statement of Educational Purposes form.
	ecific Information ve my consent to release <u>only</u> the following information from my financial aid file:
I authorize	e information released to the following individuals:
Name:	Relationship:
Name:	Relationship:
	CERTIFICATION AND SIGNATURE
	nis form, I authorize SCC to release and disclose information from my education records as specified. This authorization frect until June 30, 2019, unless I revoke it in writing.

Date: \_