



2019-2020  
**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 Name: \_\_\_\_\_ SCC ID#: \_\_\_\_\_

**Release of Student Financial Aid Information.** Please read, initial and sign below.

\_\_\_\_\_ I understand that this consent is **valid** from the **signature date listed below to** \_\_\_\_\_ and may be revoked prior to the date listed, only by written consent of the student. If end date is not specified, it is valid until the end of the academic year.

\_\_\_\_\_ 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.

**I authorize the release of the following information (select all that apply):**

I hereby grant the SCC Office of Financial Aid permission to release any information regarding my financial aid file in accordance with the specifications I have indicated below.

General Information:

☐ I give my consent to release any information regarding my financial aid file which could include FAFSA application information; financial aid packet; needs analysis results and/or financial aid disbursements dates, disbursement amounts and any BankMobile account information.

☐ I authorize the individuals listed below to submit financial aid documents that are needed in my absence, **EXCEPT** Financial Aid Loan Requests and the Identity and Statement of Educational Purposes form.

☐ Specific Information

I give my consent to release **only** the following information from my financial aid file:

**I authorize information released to the following individuals:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

By signing this form, I authorize SCC to release and disclose information from my education records as specified. This authorization remains in effect until \_\_\_\_\_, unless I revoke it in writing. If end date is not specified, it is valid until the end of the academic year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_