



SOLANO COMMUNITY COLLEGE FINANCIAL AID OFFICE



STUDENT AUTHORIZATION FOR RELEASE OF FINANCIAL AID INFORMATION **Form must be submitted and/or completed in person.**

Name (Please Print)

Social Security Number

(_____) _____
Telephone:

Student Identification Number

Types of record(s) to be released

Please be specific:

Name of Individual and Agency to Release Requested Information

Name: _____

Agency: _____

Address: _____

Street

City

Zip

Please Check the Appropriate Box Identifying How You Wish to Have This Information Released

Mail to Third Party

Hold for Pick-Up

Mail to Student

Fax (_____) _____

If you are requesting release of parent information, your parent must also sign this release.

Student's Signature

Date

Parent's Signature

Date

FOR OFFICE USE ONLY: Request completed: Date: _____ Processor: _____