

Name of Financial Aid Applicant *(Please print in Black Ink)*

Last _____ **First** _____ **MI** _____

Student ID Number: _____

CUYAMACA COLLEGE
2019-2020 CONSENT TO RELEASE INFORMATION

One purpose of the Family Educational Rights and Privacy Act ("FERPA") is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in an individual student's educational record. By signing this Release, you authorize staff members in the Financial Aid Office at Cuyamaca College to review and discuss any information contained in your educational records related to or impacting your ability to receive financial aid with the individual(s) you list below. This release must be submitted by the student to ensure proper identity. If you choose to mail this form to the Cuyamaca College Financial Aid Office, it must be accompanied by a copy of the student's driver's license, state ID or military ID card to confirm the student's signature on the consent form.

Your authorization to release your information **expires June 30, 2020** and relates to information for the **2019-2020** academic year.

Section 1 – INDIVIDUAL(S) AUTHORIZED TO ACCESS THE STUDENT'S FILE

Complete the information about the person(s) you are allowing access to your information.

Individual's Name (print)	Date of Birth	Last four (4) numbers of Social Security # (for identification purposes)	Relationship to Student	Individual's Signature

Section 2 - CERTIFICATION AND SIGNATURE:

- By signing this Release, I understand that:
- Information contained in my educational records related to, or affecting my ability to receive financial aid, may be released to the individual(s) listed above with my **FULL CONSENT**.
- I have signed this Release for the purpose of acquiring financial aid and/or understanding or meeting any obligation related to my receipt of financial aid.
- This Release will remain in effect until **June 30, 2020** unless I send a written letter revoking this Release to the Financial Aid Office prior to that date.
- This Release exempts staff in the Financial Aid Office from adhering to confidentiality statements I may have previously signed regarding my educational records at Cuyamaca College.
- This Release allows authorized individual(s) to pick up financial aid verifications on my behalf.

I certify that all of the information reported on this form is true, complete, and accurate.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Signature

Print Student's Name

Date

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WHY SHOULD I SIGN THIS RELEASE?

Circumstances sometimes arise where a student may want a parent, relative, or another individual to have access to their educational records to assist them in understanding the policies and procedures regarding the receipt of their financial aid award. In some instances, a student's course or work schedule may not allow them to contact the Financial Aid Office in person to ask questions about their record. In order to service these situations, the Financial Aid Office will accept written authorizations from students consenting to the release of information from their educational records to an individual named by the student.

HOW DO I IMPLEMENT THE RELEASE?

Bring the completed Release to the Financial Aid Office during its normal business hours. The Release **must** be signed. Students are also required to present photo identification. If you choose to mail this form, it must be accompanied by a copy of the student's driver's license, state ID or military ID to confirm the student's signature on the release form.

HOW WILL THE RELEASE BE USED?

Once the Release has been received, the individual listed on the Release may visit the Financial Aid Office to ask questions regarding the student's file (**we will not release information over the phone**). The individual listed must inform the financial aid staff member that a Release is on file. Prior to releasing any information, the Financial Aid Office will verify with the individual: their name, date of birth, and the student's social security number.

MAY I CANCEL THIS RELEASE?

To cancel this release, please send a written statement to the Financial Aid Office that includes:

- Full name
- Date of birth
- Social security number
- Statement to cancel the request with the effective date of the cancellation
- Name of the individual who no longer will have access to the student's educational records
- Signature and date

WHAT IF I HAVE ADDITIONAL QUESTIONS?

Staff is available to answer your questions during normal business hours during the academic year. The Financial Aid Office is located in the One Stop Student Services A-300.

Financial Aid Office

900 Rancho San Diego Parkway El Cajon, CA 92019-4369 (619) 660-4201