

2024-2025 CONSENT FOR RELEASE OF INFORMATION

TO BE COMPLETED IN BLACK INK

Student Name:_

LAST

FIRST

Student ID #: ___

Student's Consent for the Release of Financial Aid Office Records & Information (*must be renewed every academic year*)

The Family Educational Rights and Privacy Act (FERPA) is federal legislation that protects student information. FERPA requires that student personally identifiable information (or PII), such as social security numbers, birthdates, financial and academic records may not be disclosed to anyone other than the student without the student's expressed written permission. To ensure compliance with FERPA, all inquiries for specific financial aid information require identification by the student and any other individual wishing to obtain access. As a result, this form must be submitted by the student to ensure proper identity and authorization. Email this form to the Cuyamaca College Financial Aid office, along with a copy of a valid student driver's license, state I.D., Military I.D. card or Passport to confirm the student's signature on the Consent form. Email completed form to cuyamaca.financialaid@gcccd.edu

I, (please print student name), do hereby consent to have information regarding r										g my					
records	in	the	Cuyamaca	College	Financial	Aid	Office	for	the	2024-2025	academic	year	discussed	with	and/
or released to:															

Individual 1

Social Security #	to Student	you wish to make	· · · · · · · / · f · ·
		you wish to make	number (if you
AND		inquiries about the	wish to make
CA Identification #		student via e-mail)	inquiries about
or Driver License			the student via
# (for identification			phone)
purposes)			
	CA Identification # or Driver License # (for identification	CA Identification # or Driver License # (for identification	CA Identification # student via e-mail) or Driver License # (for identification

Individual 2

NAME (please print)	Last 4 digits of Social Security # <u>AND</u> CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)	

Student Signature

Date

M.I.

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