AUTHORIZATION FOR RELEASE OF FINANCIAL AID INFORMATION

STUDENT’S NAME __________________________ STUDENT ID # __________________________

I hereby authorize the Financial Aid Office(s) at the Ventura County Community College District to release information regarding my financial aid status to the following agency:

Agency: _________________________________________________________________________________

Address: ________________________________________________________________________________________ ______________

Street City State Zip

STUDENT’S SIGNATURE __________________________ DATE __________________________

OFFICE USE ONLY

The student named above has requested that we verify his/her receipt of financial aid. Please note that students are required to apply each year for financial aid in order to re-establish their eligibility, which is determined by the student’s cost of attendance. Students are awarded for the academic year based on a full time enrollment status. Actual disbursements are prorated based on the student’s actual enrollment.

The following information is for: □ Fall □ Spring □ Summer

□ As of today, we have no record of this student applying for financial aid.
□ As of today, this student has applied for assistance, but his/her award has not yet been determined.
□ As of today, this student has only been awarded a Board of Governor’s Fee Waiver.
   This is not a grant. It is a waiver for enrollment fees only.
□ This student has been awarded/disbursed the following financial aid:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pell Grant</td>
<td>$</td>
</tr>
<tr>
<td>FSEOG</td>
<td>$</td>
</tr>
<tr>
<td>Cal Grant</td>
<td>$</td>
</tr>
<tr>
<td>Federal Work Study</td>
<td>$</td>
</tr>
<tr>
<td>Direct Loan Subsidized</td>
<td>$</td>
</tr>
<tr>
<td>Direct Loan Unsubsidized</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

□ The student’s Cost of Attendance is________________________.
□ The student’s EFC is ____________.
□ The student’s Unmet Need is ____________.

□ Comments: ________________________________________________________________________________

___________________________________________________                        __________________________________
FINANCIAL AID OFFICE – AUTHORIZED SIGNATURE    DATE

___________________________________________________                        __________________________________
OFFICIAL TITLE         PHONE NUMBER