

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

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:

Fund	Award Amount
Pell Grant	\$
FSEOG	\$
Cal Grant	\$
Federal Work Study	\$
Direct Loan Subsidized	\$
Direct Loan Unsubsidized	\$
Other	\$

- ☐ 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