MOORPARK • OXNARD • VENTURA

FINANCIAL AID OFFICE

2016-2017 STUDENT CONSENT TO RELEASE INFORMATION FORM

A. STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID #
Address (Include apartment number)			E-mail Address
City	State	Zip Code	Phone Number (Include area code)

Access to student records and documents must be controlled to ensure integrity, security, and confidentiality. As a student at Ventura County Community College District, the confidentiality of your student financial aid information is protected in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974.

Unauthorized use, removal, defacement, or alteration of any physical record or computerized data is prohibited. Providing access to student records or information contained in these records to unauthorized persons is also prohibited.

Under FERPA, Ventura County Community College Financial Aid Offices have the authority to provide your financial aid information to federal, state and Ventura County Community College District personnel who have a legitimate need to know this information. Your information cannot be disclosed to other third parties (parent, spouse, etc.) without your express written consent.

This form is intended to allow you to designate which third parties you authorize the Ventura County Community College District Financial Aid Offices to release your financial aid information (application status and award information) verbally or in writing.

For more information on the Federal Education Rights and Privacy Act, visit the Federal Department of Education:
www.ed.gov/policy/gen/reg/ferpa/index.html

THIS RELEASE IS ONLY VALID FOR THE 2016-2017 AWARD YEAR

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IN ORDER TO SUBMIT THIS FORM:

- You must provide valid, government-issued identification (state driver's license, state ID, military ID, or passport) **in-person**. If you are unable to submit in-person, use the Notary Certification Form to submit a notarized copy of your valid, government-issued identification.
- A copy of a valid government issued ID for the person(s) listed below.

Person's Full Name	Relationship to you (parent, spouse)	Last 4 digits of SS#

B. Sign This Worksheet

I have read and understand the information above and give consent to Ventura County Community College Financial Aid Offices to release my Financial Aid information to the person(s) indicated above. I understand that this release is in effect for the academic year in which it is enacted and that I have the right to rescind this authorization at any time by providing the Financial Aid Office with a written request.

We reserve the right to revoke the FERPA release at any time if the situation becomes disruptive to providing quality service.

STUDENT SIGNATURE _____ DATE _____