MOORPARK • OXNARD • VENTURA

FINANCIAL AID OFFICE

2012-2013 Student Consent to Release Information Form

A. Student Information

Last Name (Print) First Name M.I. _____ Social Security Number/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 to which third parties you authorize the Ventura County Community College Financial Aid Offices to release your financial aid information (application status and award information) verbally or in writing.

THIS RELEASE IS ONLY VALID FOR THE 2012-2013 AWARD YEAR.

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WHEN SUBMITTING THIS FORM PLEASE INCLUDE A COPY OF YOUR AND YOUR DESIGNEE(S) DRIVER'S LICENSE OR PASSPORT. Your designee will be asked to provide your Student ID Number, and their Driver's License number before information will be released.

Person's Full Name	Relationship to you (parent, spouse, etc.)	Driver's License/State

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.

Student's Signature: _____ **Date**: _____

FOR OFFICE USE ONLY Entered By:_____	Date:_____