

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

Authorization for Release of Information to an Outside Agency

Student Name: _____ Student ID #: _____

I hereby authorize the Financial Aid Office at _____ to release information regarding my financial aid status to the following:

Name of 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 _____.

☐ Other: _____

Financial Aid Office – Authorized Signature

Date

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

