

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

Authorization for Release of Information to an Outside Agency

Student Name: _____ SSN/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 their enrollment status (full time, ¾ time, ½ time, or less-than half-time).

The following information is for the _____ school year:

- 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. A copy of the student's award letter is attached herein.
- Other: _____

Financial Aid Office – Authorized Signature _____ Date _____

