Permission to Release Information {FERPA}

FOR OFFICE USE:

DATE:

The Family Education Rights and Privacy Act (FERPA) prohibit the Student Financial Assistance & Scholarship Office from disclosing the student's information to any third parties without the student's consent. In order for any information to be released to any third party, the students must provide written consent. To do so, the student must complete the section below. This form must be completed & submitted by the student with photo identification. Otherwise this form will not be considered complete and valid.

A. Student Information

_____ _____

Last Name First Name M.I.

_____ _____

Student ID# Social Security#

B. Authorized Individuals

I herby authorize the following person(s) listed below to access information regarding my financial aid at Saddleback College. I recognize that this only pertains to the Student Financial Assistance & Scholarship Office and no other department on campus and that I have the right to rescind this request at any time.

Please be aware that only those persons authorized will have access.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

_____

Student Signature Date