## 2019-2020 CONSENT FOR RELEASE OF INFORMATION

TO BE COMPLETED IN <u>BLACK</u> INK				
Student Name:				
LAST FIR Student ID #:		ST 	M.I.	
Student's Consent for the Rele	ease of Financial	Aid Office F	Records & Information	n ( <i>must be</i>
renewed every academic year)  The Family Educational Rights and Prirequires that student personally identificacademic records may not be disclosed permission. To ensure compliance with the student and any other individual witto ensure proper identity and author Financial Aid office, it must be accorded or Passport to confirm the student, (please print student name)	able information (or F d to anyone other that h FERPA, all inquiries shing to obtain accessization. If you choo mpanied by a copy clent's signature on the design of the state	PII), such as soon the student was for specific finals. As a result, se to mail or fact a valid student for the Consent for	cial security numbers, birthout the student's expression ancial aid information requipations form must be submit ax this form to the Grossment driver's license, statem.	lates, financial and sed written re identification by tted by the student mont College I.D., Military I.D.
to: Individual 1				
NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)
Individual 2				•
NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)
Student Signature  T:\MASTERS\Forms\2019-2020\Consent For Release 1920.doc	(Revised 3/15/2019 mc)		Date	