GROSSMONT COLLEGE

Financial Aid Office

2009-2010
CONSENT FOR RELEASE OF INFORMATION

TO BE COMPLETED IN BLACK INK

Student Name:_____
LAST FIRST M.I.

Social Security #: _____-_____-_____

PART 1: Student's Consent For The Release Of Financial Aid Office Records & Information
(*must be renewed every academic year*)

The Family Educational Rights and Privacy Act (FERPA) is the federal legislation that requires student confidentially. FERPA requires that student personal information, such as social security numbers, birthdates, financial and academic records may not be disclosed to anyone other than the student without the student's expressed written permission. To ensure compliance with FERPA, all inquiries for specific financial aid information require identification. **As a result, this form must be submitted by the student to ensure proper identity. If you choose to mail or fax this form to the Grossmont College Financial Aid office, it must be accompanied by a copy of the student's driver's license, state I.D. or Military I.D. card to confirm the student's signature on the Consent form.**

I, (please print student name) _____, do hereby consent to have information regarding my records in the Grossmont College Financial Aid Office for the 09-10 academic year discussed with and/or released to:

NAME (please print)	Social Security # (for identification purposes)	Relationship to Student
_____	_____-_____-_____	_____
_____	_____-_____-_____	_____
_____	_____-_____-_____	_____

_____ _____/_____/_____
Student Signature Date

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