



2011-2012  
Phone: (530)283-0202 x 603  
Fax: (530)283-4659  
Authorization for Release of Student  
Financial Aid Information  
In compliance with:  
*Family Educational Rights and Privacy Act (FERPA)*

The *Family Educational Rights and Privacy Act* was enacted to protect the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Any document or record directly related to the student that is being maintained by the institution or by a party acting on behalf of the institution is subject to the provisions of the Act.

Student: \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Local or Cell Phone # (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**Release information to:**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**Information to be released:**

- All Financial Aid information
- Specific Financial Aid related information only. (Please specify): \_\_\_\_\_

**Time period this authorization is in effect:**

- Fall 2011     Spring 2012     Summer 2012     One time only

I hereby authorize the release of my financial aid records and/or personal information to the person mentioned above.

Student  
Signature: \_\_\_\_\_ Date \_\_\_\_\_