

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

Mt. SAC ID #: \_\_\_\_\_

## ***2016 – 2017 STUDENT FERPA INFORMATION RELEASE FORM***

### ***ABOUT FERPA***

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA), protects the confidentiality of your financial aid records at Mt. San Antonio College (Mt SAC). Under FERPA, Mt SAC is required to treat non-directory information as private and protected information from individuals other than the student (by FERPA definition, third-party individuals include parents, legal guardians, a student's spouse, etc.). Consequently, your financial aid information cannot be discussed with, or released to, third parties (parent, sibling, spouse, etc.) without your written consent.

### ***ABOUT THIS RELEASE FORM***

This FERPA Information Release form allows you to authorize the Financial Aid Office at Mt SAC to discuss and/or release your financial aid information to the persons you designate. The information you authorize us to discuss includes only your application status and information from your financial aid application (either the FAFSA, BOGFW, or the California Dream Act Application). ***This form does not authorize us to discuss and/or release information on other individual's information contained in your application – i.e., your parent's information.*** To complete this form, use the space below to list the full legal name(s) of the person(s) you authorize our office to discuss/release the above noted information to. You must also indicate their relationship to you in the space provided.

***This form cannot be accepted by mail or fax or drop in the "Dropbox"; it will be returned to you by mail.*** You must return this form in-person to the Mt SAC Financial Aid Office. At the time of submission, you will be required to provide a current photo I.D. to confirm your identity and review the form with a financial aid staff member.

### ***STUDENT INFORMATION RELEASE & SIGNATURE***

I authorize the Financial Aid Office at Mt SAC to discuss and/or release my Mt SAC Financial Aid information to the person(s) I have indicated below:

Person's Full Name	Relationship to You (i.e., Parent)	PIN to be used to verify w/FA staff only
A)		
B)		
C)		

I understand that this release is only valid for the 2016 – 2017 academic year, and that I can revoke any portion of this authorization at any time by providing an updated/written statement.

I understand that this release only applies to my information; any information listed on my FAFSA, BOGFW, DREAM Act Application, or other Financial Aid documents, that is associated with another individual (i.e., spouse, parent, etc.) is not covered under this release, and cannot be discussed with the person(s) listed above, unless a release is submitted by that individual.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FINANCIAL AID STAFF MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Financial Aid Office Use Only:

Banner RHACOM entry date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_