

MT. SAN ANTONIO COLLEGE • FINANCIAL AID OFFICE

STEP 1: STUDENT'S INFORMATION		te form in blue or bla	ck ink		
	Complete form in blue or black ink STEP 1: STUDENT'S INFORMATION				
Student's Last Name	Student's First Name	Student's	s M.I.	Student's Mt. SAC ID Number	
Antonio College (Mt SAC). Under individuals other than the studer	r FERPA, Mt SAC is required t nt (by FERPA definition, third	o treat non-directory -party individuals inclu	information as ude parents, le	ey of your financial aid records at Mt. San sprivate and protected information from gal guardians, a student's spouse, etc.). es (parent, sibling, spouse, etc.) without	
information to the persons you of information from your financial a (CCPG), or the CA Dream Act Apprinformation contained in your applegal name(s) of the person(s) you relationship to you in the space property in the space of the person in the person in the person in the person in the space of the person in	designate. The information yaid application (either the Freblication). This form does not oplication – e.g., your parent ou authorize our office to discorovided and a PIN that will lead to the control of the control	ou authorize us to disc se Application for Feder t authorize us to discu- 's information. To con suss/release the above toe used by the persor	cuss includes o al Student Aid (l ss and/or relea nplete this form e noted inform n to identify th	FAFSA), California College Promise Grant ase information on other individual's m, use the space below to list the full ation to. You must also indicate their emselves to a Financial Aid Staff.	
person to the Mt SAC Financial A identity and review the form with STEP 2: STUDENT INFORMATION	aid Office. At the time of sub th a financial aid staff membo N RELEASE	mission, you will be re er.	quired to prov	o you by mail. You must return this form in it in the confirm your ide a current photo ID to confirm your idea and the confirm your idea and an analysis of the confirmation to the confir	
person(s) I have indicated below	_		•		
Person's Full Nam	ne Rela	tionship to You	PIN to be u	used to verify with Financial Aid Staff only	
any time by providing an update I understand that this release on	ed written statement. Bly applies to my information that is associated with anoth	; any information liste er individual is not co	ed on my FAFS.	e any portion of this authorization at A, CCPG, CA Dream Act application, or his release, and cannot be discussed with	
Student's Signature			Date		
Financial Aid Staff Member's Signature (To be signed by staff member who witnessed student's signature)			Date		

Staff Initials:

Banner RHACOMM Entry Date: