

NAME: _____ **SID#:** _____

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records, both financial and academic. For the student's protection, FERPA generally limits, with certain exceptions such as law enforcement, the release of student information without the student's explicit written consent. In order to release information concerning your financial aid, the student's authorization is required.

To authorize the Diablo Valley College Financial Aid Office to release student financial aid information to a third party, the student and the authorized third party must **complete, sign, and return this form to the Financial Aid Office in person with a valid form of identification to be verified by a financial aid staff member.**

1. **Name:** _____ (person to whom information is to be released)

Relationship to student: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

ID#/Type: _____

Signature: _____

2. **Name:** _____ (person to whom information is to be released)

Relationship to student: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

ID#/Type: _____

Signature: _____

STUDENT DISCLOSURE AND RELEASE OF INFORMATION

I understand that any and all personally identifiable information concerning my financial aid, with certain exceptions such as law enforcement, is protected under FERPA. I further understand that I may grant access of my student financial aid information to individuals of my choice. This release allows the individual(s) listed above to access my student financial aid information. I will advise those identified above that the DVC Financial Aid Office will not release information on the telephone because of the inability to accurately identify the caller without a photo ID.

By signing this release, I authorize DVC Financial Aid Office to release my financial aid information to the person(s) listed above. ***I acknowledge that this release form is only effective for the 2014-2015 academic year and must be renewed each academic year.*** I also understand that I may cancel this authorization at any time by submitting a written request.

Student's Signature: _____ **DATE:** _____