Riverside Community College District
Student Financial Services Office

Consent to Release Information Form

(Authorization for_____-_____Academic Year)

Campus where financial aid file is kept: ☐ Norco ☐ Moreno Valley ☐ Riverside

Your right to privacy as it applies to your financial aid records is a right we value most highly. If you choose to give Student Financial Services permission to release your information to any person or agency, please identify the individual or agency below. Your identification is required in order to process your request.

Name of Financial Aid Applicant: _____
(Please Print)

Social Security Number _____ Date of Birth _____

Password (4-6 letters): _____

With valid picture identification **OR** the appropriate password, Student Financial Services may release information to:

_____ _____
Name of Person *(Please print)* Name of Agency/Relationship to applicant

Address of Person/Agency: _____

_____

I understand that this authorization will expire at the end of the ___/____ academic year ._____
(*Applicant Initials)*

Applicant's Signature _____ **Date:** _____

Applicant's Address _____

_____

Date Stamp

Staff Initials

Information entered on STCM _____
Staff Initials

Cancellation of Consent to Release Information Form

_____
Signature of Student

Date Stamp

_____
Password and Photo Identification Verified

Staff Initials

_____
Date

Information entered on STCM _____
Staff initials

Revised November 2005