



2024 – 2025 Release of Information Form

Student must sign in person with valid
photo ID

Student Information

Last Name First Name Student ID Number

Student Consent and Authorization

I, _____, the undersigned, hereby authorize the Financial Aid Offices at the SMCCCD College to discuss and/or release any financial aid documentation and information to the person(s) I have indicated below:

1) _____
Last Name First Name Relationship to Student Secret Password

Street City State Zip Code Phone Number

2) _____
Last Name First Name Relationship to Student Secret Password

Street City State Zip Code Phone Number

3) _____
Last Name First Name Relationship to Student Secret Password

Street City State Zip Code Phone Number

Student Signature – (Sign in Person with valid photo ID)

I understand that this release is only valid for the 2024– 2025 academic year, and that I may cancel or revoke my permission 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**, 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

Must submit with valid photo ID.

Cañada College (650)306-3307, College of San Mateo (650) 574-6147, Skyline College (650) 738-4236

IMPORTANT – Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.