



2019 – 2020

Release of Information Form

Student must submit in person with valid photo ID Please do not fax, mail or email

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

Street City State Zip Code Phone Number

2) Last Name First Name Relationship to Student

Street City State Zip Code Phone Number

3) Last Name First Name Relationship to Student

Street City State Zip Code Phone Number

Student Signature

I understand that this release is only valid for the 2019 – 2020 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 in person 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.