



2020-2021 Release of Information Form

Student Information

Last Name	First Name	Student ID Number
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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

I understand that this release is only valid for the 2020 – 2021 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
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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.