



2023 – 2024 Release of Information Form

Student must sign in person with valid photo ID

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
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Street	City	State	Zip Code	Phone Number
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2) _____

Last Name	First Name	Relationship to Student	Secret Password
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Street	City	State	Zip Code	Phone Number
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3) _____

Last Name	First Name	Relationship to Student	Secret Password
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Street	City	State	Zip Code	Phone Number
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Student Signature – (Sign in Person with valid photo ID)

I understand that this release is only valid for the 2023– 2024 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 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.