

Authority for Release of Financial Aid Information

The Family Education Rights and Privacy Act of 1974, as amended, prohibits release of a student's academic information without the student's written consent.

Student's name: _____

Student ID Number: _____

List all Previous Names: _____

Date of Birth: _____

Current Address _____

Home Phone # : _____ Work Phone # : _____

Cell Phone # : _____ e-mail address: _____

Release of Financial Information (Please initial to release information)

_____ In accordance with this Act, I authorize Three Rivers Community College to release any and all financial information to the individual(s) listed below. This authorization will terminate upon completion of my student account/financial aid obligations, or upon my written request. I authorize TRCC to release my financial information to (please print):

_____ Relationship to Student _____

_____ Relationship to Student _____

_____ Relationship to Student _____

Student Signature: _____ Date: _____