



Financial Aid Office  
5055 Santa Teresa Blvd  
Gilroy, CA 95020  
Tel: 408-848-4727

## Consent for Release of Student Financial Aid Information

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) prohibits the Financial Aid Office from disclosing a student's information to third parties (i.e. parent, spouse, etc) without the student's written consent. Students may authorize, in writing, the release of financial aid records to certain third parties.

Student Name: \_\_\_\_\_

Student ID: G00\_\_\_\_\_

I hereby give permission to Gavilan College Financial Aid personnel, consistent with the FERPA act of 1974, to discuss or release the selected information. Please select those that apply:

- ☐ Award information
- ☐ Dependency status
- ☐ Financial Aid Appeals
- ☐ Financial Aid status
- ☐ Income Tax Forms
- ☐ Loan disbursement
- ☐ Payment disbursement/refunds
- ☐ Satisfactory academic progress

This information may be released to:

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

To secure your information, please provide answers to the student identifiers on the reverse side of this form. Please share these identifiers with your authorized person as they will be asked these questions when inquiring about your information. I understand that the permission(s) checked above will remain in effect until I revoke them in writing. In the event damages should occur due to the release of such information, I agree to hold Gavilan College harmless.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Consent for Release of Student Financial Aid Information (continued)

### Student Identifiers

Student ID Number: G \_\_\_\_\_ Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
Last Name First Name MI

Please select **three** questions, and write in your response. It is the student's responsibility to share the questions and responses with the person authorized to obtain information as staff will ask for the correct responses prior to releasing information.

Questions	Responses
1. In which city were you born?	_____
2. What was the name of your first pet?	_____
3. What was the year and model of your first car?	_____
4. What is your mother's maiden name?	_____
5. What is your favorite hobby?	_____
6. What is the name of the street you grew up on?	_____
7. What is your driver's license number?	_____

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

In addition to this completed form, *if the student is faxing, mailing, or emailing this form, a copy of the **student's government issued photo identification must be attached.***