

# Request for Release of Financial Aid File Information

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number or Student ID

In accordance with FERPA (Family Educational Rights and Privacy Act, 34 CFR 99.3), Paradise Valley Community College will not release any "personally identifiable information" from a student's financial aid records without the written consent of the student (If the student is "dependent", and the parent information is requested for release, the student's parent must also sign this release).

I request the PVCC Financial Aid Office to release information to the following:

- Student
- Third Party (must include information below)

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

Relationship: \_\_\_\_\_

Purpose of releasing information to another party: \_\_\_\_\_  
\_\_\_\_\_

Required if information is to be mailed or faxed:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Information to be released:**

- Copy of Award Letter
- Copy of Verification Worksheet
- Copy of Taxes (indicate, student/parent) \_\_\_\_\_
- Other information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\*Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (if dependent)

\_\_\_\_\_  
Date

**\*By signing this form I understand that the above information was released per my authorization and that this release is only valid for this one time request.**

\*\*\*\*\*

For School Use Only:

Indicate your initials and the date the above information was released. \_\_\_\_\_  
Initials Date