

## 2024-2025 Student Consent to Release or Request Information (FERPA Consent Form) For Financial Aid Purposes Only

**This form must be completed and submitted in person by the student with photo identification.**

**Student Name:** \_\_\_\_\_ **CVCC Student ID:** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) provides students with certain rights concerning access to, and the privacy of, their education records. Unless an allowable exception applies, a student's education record cannot be disclosed to a third party, including the student's parent or guardian, without the student's written consent. Please be aware that CVCC is **prohibited** from disclosing parental information to a student unless specifically authorized in advance to do so by the parent(s). Parental information will be omitted from the information provided.

### To Request Information

I wish to receive a copy of following financial aid records: The CVCC Office of Scholarships and Financial Aid (OSFA) will provide a response to your request to review your financial aid records within 10 working days of receipt of this form. Please check one.

Year(s) of records: ☐ 2021-2022    ☐ 2022-2023    ☐ 2023-2024    ☐ 2024-2025

### To Release Information

I hereby authorize the following family members listed below, access to information regarding my financial aid at CVCC. I have the right to rescind this request at any time. The disclosure of the student's information will be released to the individual(s)/parties listed below, once the identity has been confirmed.

Name	Relationship	Purpose of Disclosure/Information Released
Ex. Jane Doe	Mother	Any information regarding Financial Aid

The individuals listed above must submit a **copy** of a non-expired state issued **driver's license or identification card**, to be verified before any information can be discussed.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Complete below if the student signed this form in your presence and provided valid picture identification.

Financial Aid Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_