



**Request to Release
Personally Identifiable and Confidential Information**

The Family Educational Rights and Privacy Act (FERPA) requires the Financial Aid Office to release detailed information to only the student. The student may, however, voluntarily waive his/her privacy rights to the person(s) he/she choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid file.

I _____ hereby waive my rights under the Family Educational Rights and
and _____
(Print student's name)

and Privacy Act (FERPA) by authorizing Cuesta College Financial Aid Office to share any requested information concerning my financial aid application, awards, and other "non-directory" information

to _____
(First and last name of the person(s) authorized to obtain financial aid information)

for the time period of _____ to _____.

Student's signature: _____

Social Security number: _____

Date: _____



**Request to Release
Personally Identifiable and Confidential Information**

The Family Educational Rights and Privacy Act (FERPA) requires the Financial Aid Office to release detailed information to only the student. The student may, however, voluntarily waive his/her privacy rights to the person(s) he/she choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid file.

I _____ hereby waive my rights under the
(print student's name)

Family Educational Rights and Privacy Act (FERPA) by authorizing Cuesta College Financial Aid Office to share any requested information concerning my financial aid application, awards, and other "non-directory" information

to _____
(First and last name of the person(s) authorized to obtain financial aid information)

for the time period of _____ to _____.

Student's signature: _____

Social Security number: _____

Date: _____