



Financial Aid Records Release Form (FERPA)

Student Name	Date:
Address	SS#:
City, State, Zip	Email:

I, _____, hereby give my consent and authorization to the Financial Aid Office to release records and information regarding my financial aid at Chabot College to the person listed below. The person has access to my information for the _____ academic year. **I understand that this release cannot exceed one academic year in length (i.e. 2004-05 academic year.)** I also understand I may cancel this authorization at any time during the year in writing to the Financial Aid Office.

The person listed below may have any information they request regarding: (Please check all that apply.)

- The status of my financial aid file.
- My financial aid awards.
- All documentation in my file.
- Other (must be specified below):

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The information checked in the box(es) above may be released to:

Printed Name	Relationship to Student
Student's Signature	Date Signed

Student: If you do not present and sign this document in person to the Financial Aid Office, and show picture identification, this form must be notarized in this space.

For Office Use Only:

Received by/Date: Picture ID type: ID Number:	Comments:
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Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Financial Aid Office.