

Riverside Community College District  
Student Financial Services Office

**Consent to Release Information Form**

(Authorization for \_\_\_\_\_ - \_\_\_\_\_ Academic Year)

*Your right to privacy as it applies to your financial aid records is a right we value most highly. If you choose to give Student Financial Services permission to release your information to any person or agency, please identify the individual or agency below. **Your identification is required when you turn in this form in order to process your request.***

Name of Financial Aid Applicant: \_\_\_\_\_  
(Please Print, Last Name, First Name, Middle Initial)

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Password (4-6 letters): \_\_\_\_\_ RCC Email: \_\_\_\_\_

With valid picture identification (in person) **OR** the appropriate password (over the phone), Student Financial Services may release information to:

\_\_\_\_\_  
Name of Person/Relationship Other Name of Contact  
(Please print)

Address of Person \_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization will expire at the end of the \_\_\_/\_\_\_ academic year.  
\_\_\_\_\_  
(Applicant Initials)

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

**Information entered on STCM** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Staff initials*

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**Cancellation of Consent to Release Information Form**

\_\_\_\_\_  
Student's signature Date

**Information entered on STCM** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Staff initials*