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:

<table>
<thead>
<tr>
<th>Name of Person/Relationship</th>
<th>Other</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please print)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Cancellation of Consent to Release Information Form

Student’s signature __________________ Date ___________

Information entered on STCM ____________ Date ___________

Staff initials

Revised January 2010