



CUYAMACA COLLEGE

FINANCIAL AID OFFICE

2026-2027**CONSENT FOR RELEASE OF INFORMATION****TO BE COMPLETED IN BLACK INK**Student Name: _____
LAST FIRST M.I.

Student ID #: _____

Student's Consent for the Release of Financial Aid Office Records & Information (*must be renewed every academic year*)

The Family Educational Rights and Privacy Act (FERPA) is federal legislation that protects student information. FERPA requires that student personally identifiable information (or PII), such as social security numbers, birthdates, financial and academic records may not be disclosed to anyone other than the student without the student's expressed written permission. To ensure compliance with FERPA, all inquiries for specific financial aid information require identification by the student and any other individual wishing to obtain access. **As a result, this form must be submitted by the student to ensure proper identity and authorization. Present this form in person to the Cuyamaca College Financial Aid office, along with a valid student driver's license, state I.D., or Passport to confirm the student's signature on the Consent form.**

I, (please print student name) _____, do hereby consent to have information regarding my records in the Cuyamaca College Financial Aid Office for the 2026-2027 academic year discussed with and/ or released to:

Individual 1

NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)

Individual 2

NAME (please print)	Last 4 digits of Social Security # AND CA Identification # or Driver License # (for identification purposes)	Relationship to Student	Your e-mail address (if you wish to make inquiries about the student via e-mail)	Your phone number (if you wish to make inquiries about the student via phone)

Student Signature

Date

900 Rancho San Diego Parkway
El Cajon, California 92019

Telephone: 619-660-4201