



Authorization to Release Financial Aid Information (FERPA)

The Chabot Financial Aid Office will not discuss a student's financial aid application, status or eligibility with any person other than the student, including spouse or parent, without the student's express written authorization using this form. This form must be signed by the student in the presence of a Financial Aid staff person, or a notary must witness that student's signature was obtained in his/her presence. This policy is to protect the student's right to privacy under FERPA laws and regulations.

Student Name	Date:
Address	ID#: W
City, State, Zip	Email:

I, _____, hereby give my consent and authorization to the Chabot 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 will not exceed one academic year in length (i.e. Fall09, Spring10, Summer10 of the 2009-10 academic year, etc.)** 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 (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, only with photo identification, to:

Printed Name of Authorized Person	Relationship to Student
Student's Signature	Date Signed

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

For Financial Aid Office Use Only:

Received by/Date:	Comments:
Picture ID type: ID Number:	

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.