



College of San Mateo



2011-2012

Release of Information Form

Must submit in person with valid photo ID

Student Name (Last, First): \_\_\_\_\_

Student ID Number: G00\_\_\_\_\_

Student Contact Number: ( ) \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, hereby authorize the Financial Aid Department of (Cañada College, College of San Mateo, Skyline College) to release and provide information to the following person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Information and documents as listed below can be viewed by the individual named above.

Information and Documents they are allowed access to are:

- Any financial aid documentation and information
- Other: \_\_\_\_\_

I further understand that my permission may be cancelled or revoked at any time with written notice to the office of Financial Aid. I also understand this form is valid for one academic year and that a new form needs to be completed annually.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**By my signature above, I consent to the release of the above listed information and documents.**

*For Office Use Only:*

Date Submitted: \_\_\_\_\_ Certified By: \_\_\_\_\_

Comments: \_\_\_\_\_

Cañada College  
College of San Mateo  
Skyline College

Telephone 650-306-3307  
Telephone 650-574-6147  
Telephone 650-738-4236