



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

# Release of Information Form

Must submit in person with valid photo ID



\* R E L E A 3 \*

Canada College

_____	_____	_____	G00_____	
Last Name	First Name	MI	Student ID	
_____	_____	_____	_____	_____
Street	City	ST	Zip	Phone Number

I, \_\_\_\_\_, the undersigned, hereby authorize the Office of Financial Aid at the SMCCD College listed above) to release and provide information to the following person:

_____	_____	_____		
Last Name	First Name	Relationship to Student		
_____	_____	_____	_____	_____
Street	City	ST	Zip	Phone Number

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

Information and documents the above is 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

<b>For Office Use Only</b>	For Aid Year 20__ 20__
Date Submitted _____	Certified By: _____
Comments: _____	
_____	

District Colleges	Phone
Cañada College	650-306-3307
College of San Mateo	650-574-6147
Skyline College	650-738-4236