



2017– 2018 Release of Information Form



Must submit in person with valid photo ID.
Please **do not** fax or email

Please check campus: Cañada College College of San Mateo Skyline College

Student Information

Last Name	First Name	Middle Initial	Student ID Number	
Street Address	City	State	Zip Code	Phone Number

Student Consent and Authorization

I, _____, the undersigned, hereby authorize the Financial Aid Office at the SMCCCD College (checked above) to discuss and/or release any financial aid documentation and information to the person(s) I have indicated below:

1) _____

Last Name	First Name	Relationship to Student		
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Street	City	State	Zip Code	Phone Number
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2) _____

Last Name	First Name	Relationship to Student		
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Street	City	State	Zip Code	Phone Number
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3) _____

Last Name	First Name	Relationship to Student		
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Street	City	State	Zip Code	Phone Number
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Student Signature

I understand that this release is only valid for the 2017 – 2018 Academic year, and that my permission may be cancelled or revoked at any time by providing an updated/written statement. I understand that this release only applies to my information; any information listed on my FAFSA, or other financial aid documents, that is associated with another individual (i.e., spouse, parent, etc.) is not covered under this release, and cannot be discussed with the person(s) listed above unless a release is submitted by that individual.

Student Signature	Date
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Must show valid photo ID at the time of submission.

Cañada College (650) 306-3307, College of San Mateo (650) 574-6147, Skyline College (650) 738-4236

IMPORTANT – Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.