Cuyahoga Community College
Student Financial Assistance Office

2009-10
FERREL
Staff Initials_____

AUTHORIZATION FOR RELEASE OF FINANCIAL AID INFORMATION

Student "My Tri-C" ID number: S

Student **LAST** name (one letter or dash or space per box)

Student **FIRST** name

MI

The Family Educational Right to Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Students at Cuyahoga Community College are given the right through FERPA to authorize a representative to receive financial aid information on their behalf. ***This form must be returned in person to the Student Financial Assistance Office by the student and student must present picture identification at time of submission.***

I understand that by completing this form, I am authorizing the Student Financial Assistance Office at Cuyahoga Community College to release my financial aid information only to those I designate.

Please PRINT below the requested information for each person who may request/receive your financial aid information:

Name of Person or Agency:	Relationship to Student:
_____	_____
_____	_____
_____	_____

☐ By checking this box, I DO NOT authorize Cuyahoga Community College to release my financial aid information.

Signature_____ Date_____

For Office Use Only

Date Received _____ Staff Initials _____

Date Processed _____ Date Mailed _____