

Submit this form in person or mail:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201

STUDENT INFORMATION

First name _____ Middle name _____
Last name _____ ctclink ID Number _____

REQUEST TO DISCLOSE ADDITIONAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship, and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes EvCC Financial Aid Office personnel to release confidential Financial Aid information to a designated person(s).

Submitting this form other than in person requires a legible color copy of the student's valid, government-issued identification and must be signed in the presence of a Notary (see page 2).

Name _____ Relationship _____

List any restrictions _____

Name _____ Relationship _____

List any restrictions _____

Name _____ Relationship _____

List any restrictions _____

Authorization Password _____

(Limit the password to one printed word. The authorized person(s) will be expected to know this information.)

CERTIFICATION: Electronic signatures will not be accepted.

I understand the person (s) listed on this form will have access via telephone, email, in person, or by mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status, as well as award types; college tuition billing account and statements, including credits and debits posted to that account, and any refunds I may receive.

This authorization does NOT allow the financial aid office to release specific academic information. Requests to release academic information will be handled by the Registrar's Office.

I also understand that this authorization will remain in effect for the current academic year only.

Signature _____ Date _____

Out of State Medical Coding and Medical Transcription & Editing students must have this form notarized for Security measures and Fraud prevention.

STUDENT IDENTITY

The student must appear in person at Everett Community College's Financial Aid Office to verify his or her identity by presenting valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued ID, or passport. **(Everett Community College ID is not acceptable.)** Everett Community College will maintain a copy of the student's government-issued photo ID notated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If the student is unable to appear in person to Everett Community College, sign this form in the presence of a Notary.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____

City/County of _____

On _____, before me, _____

(Date)

(Notary's Name)

personally appeared, _____, and provided to me

(Printed Name of Signer)

on basis of satisfactory evidence of identification _____

(Type of government-issued photo ID provided)

to be the above-named person who signed the forgoing instrument.

WITNESS my hand and official seal

(seal)

(Notary Signature)

My commission expires on _____

(Date)

Please mail this form to:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201-1390

(Will not be accepted if faxed or emailed)

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity