

Submit this form in person or mail, electronically, or by fax:
Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201
fin_aid@everettcc.edu • Fax (425) 388-9185

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).

This authorization must be verified by a Financial Aid employee by presenting a legible copy of the student's valid ID at the Financial Aid Department. It will not be in effect until verified.

Name _____ Relationship _____

List any restrictions _____

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List any restrictions _____

Name _____ Relationship _____

List any restrictions _____

Authorization Password _____

(Limit the password to one 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 _____

ID verified by authorized Financial Aid staff member _____