

Release Of Information Form

_____ 860-_____
Student First Name M.I. Last Name SID Number

The Federal Educational Rights and Privacy Act (FERPA) prevents post-secondary institutions from releasing information from a student's financial aid records without their consent. A student may authorize the Financial Aid Office to share information with a third party, if the student gives the necessary authorization to do so.

Please answer below whether or not you authorize the Olympic College (OC) Financial Aid Office to release your information to a third party. This release form pertains to your financial aid records only.

If you do, answer YES below. List the names of those who you are giving authorization for us to release information to. We can then share your information with them after confirming a password that you provide. A password should be about 4 to 8 characters long.

___ **YES**, I authorize OC Financial Aid Office to share information to anyone who presents themselves as someone listed below who has the appropriate password until such time as I revoke this authority in writing.

Authorized Person Printed Name Password Authorized Person Printed Name Password

Authorized Person Printed Name Password Authorized Person Printed Name Password

If you do not want us to share information with anyone, check NO below.

___ **NO**, I do not authorize OC Financial Aid Office to release my information.

My signature below indicates I have read and understand this Release of Information agreement.

Student Signature (*required*)

Date