



# 2014 – 2015 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

## A. Student Information

Last Name	First Name	M.I.	Student ID Number		
Street Address	City	ST	Zip	Phone Number	

## B. 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:

<b>1</b>	Last Name		First Name		Relationship to Student	
	Street	City	ST	Zip	Phone Number	
<b>2</b>	Last Name		First Name		Relationship to Student	
	Street	City	ST	Zip	Phone Number	
<b>3</b>	Last Name		First Name		Relationship to Student	
	Street	City	ST	Zip	Phone Number	

## C. Student Signature

I understand that this release is only valid for the 2014 – 2015 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
-------------------	------

**Must submit in person with valid photo ID**

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.