



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

2016– 2017

# 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		
<b>2</b>	_____		_____		
	Last Name	First Name	Relationship to Student		
<b>3</b>	_____		_____		
	Last Name	First Name	Relationship to Student		

Street	City	ST	Zip	Phone Number
Street	City	ST	Zip	Phone Number
Street	City	ST	Zip	Phone Number

## C. Student Signature

I understand that this release is only valid for the 2016 – 2017 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

<b>IMPORTANT</b> Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.
---