

2026-2027 STUDENT CONSENT TO RELEASE FORM

Complete form in blue or black ink

STEP 1: STUDENT'S INFORMATION

Student's Last Name Student's First Name Student's M.I. Student's MSJC ID Number

WHAT IS FERPA?

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA), protects the confidentiality of your financial aid records at Mt. San Jacinto College (MSJC). Under FERPA, MSJC is required to treat non-directory information as private and protected information from individuals other than the student (by FERPA definition, third-party individuals include parents, legal guardians, a student's spouse, etc.). Consequently, your financial aid information cannot be discussed with, or released to, third parties (parent, sibling, spouse, etc.) without your written consent.

THIS RELEASE FORM

- This FERPA Information Release form allows you to authorize the Financial Aid Office at MSJC to discuss and/or release your financial aid information to the persons you designate. The information you authorize us to discuss includes only your financial aid status and information from your financial aid application (FAFSA/CADAA). **This form does not authorize us to discuss and/or release information on other contributors' financial information contained in your application.** To complete this form, use the space below to list the full legal name(s) of the person(s) you authorize our office to discuss/release the above noted information. You must also indicate their relationship to you in the space provided.
- **You must return this form in person to the MSJC Financial Aid Office.** At the time of submission, you will be required to provide a current photo ID to confirm your identity and review the form with a financial aid staff member.

STEP 2: STUDENT INFORMATION RELEASE

I authorize the Financial Aid Office at Mt. San Jacinto College to discuss and/or release my Mt. San Jacinto College Financial Aid information to the person(s) I have indicated below:

Person's Full Name	Relationship to Student	Driver's License #	Date of Birth

STEP 3: SIGNATURES

- I understand that this release only applies to my financial aid status and information; any information listed on my FAFSA, CCPG, CA Dream Act application, or other Financial Aid documents, that is associated with another individual is not covered under this release and cannot be discussed with the person(s) listed above, unless a release is submitted by that individual.
- I understand that this release is only valid for the 2026-2027 academic year, and that I can revoke any portion of this authorization at any time by providing a written statement.

Student's Signature

Date

Financial Aid Staff Member's Signature
(To be signed by FAA who witnessed student's signature)

Date

FOR FINANCIAL AID OFFICE USE ONLY:

System Entry Date: _____

Staff Initials: _____