



OFFICE OF FINANCIAL AID, VETERAN SERVICES, AND SCHOLARSHIPS
Release of Financial Aid or Veteran Information Authorization Form

The disclosure of student information is governed by the policies of the Pensacola State College Board of Trustees and the Florida Department of Education with the parameters established by state and federal laws, including the Family Educational Rights and Privacy Act (FERPA) of 1974.

The written consent of the student is required for the disclosure of any information that is part of the student's financial aid or veteran record. The student must complete and sign this form. This form allows the release of financial aid or veteran's information and is only valid for the academic year in which this release is being requested and processed.

The District Board of Trustees at Pensacola State College, Pensacola, Florida, is authorized to release any and all information requested pertaining to the financial aid record or the veteran's record of the following student:

Student Information (please print)

Academic Year: _____

Student ID Number, Last Name, First, Middle, Date of Birth (MM/DD/YYYY), Day Phone Number, Evening Phone Number

Release To: (please print)

Name of Individual: _____

Relationship to student: _____ (i.e., caseworker, parent, legal guardian)

Name of Agency/Organization: _____

Street Address _____

City _____ State _____ Zip _____

Information/documents to be released: _____

Reason for release to anyone other than student: _____

I certify that I am the above-named Pensacola State College student and, as mandated by the Family Educational Rights & Privacy Act of 1974 (FERPA), I am requesting the release of my financial aid

Student Signature _____ Date _____

Type of I.D. Produced _____ Exp. _____ Fin. Aid/Vet. Staff _____ (full name)

I.D. # _____

NOTARIZATION IS REQUIRED ONLY when the student does not complete the form in the Financial Aid, Veteran Services, and Scholarships Office. The foregoing instrument was acknowledged before me this ___ of ___, 20___, by ___, who is personally known to me or who has produced ___ as identification. Notary Public, State of ___, County of ___, Signature