

**PENSACOLA STATE
COLLEGE**

OFFICE OF FINANCIAL AID/VETERAN SERVICES/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. FERPA restricts the type and amount of student record information that may be released without the student's permission. (For detailed information, refer to the Pensacola State College catalog.)

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's 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. Pensacola State College Financial Aid/Veteran Services office will mail the requested information to the named individual or agency within 2-3 working days of receipt during non-registration periods. Pensacola State College Financial Aid/Veteran Services office will not fax the completed document.

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:** _____

Social Security Number (*see note below) Student Last Name First Middle

Date of Birth (MM/DD/YYYY) Home Phone Number Work 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 information.

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

NOTARIZATION REQUIRED (ONLY when student does not complete the form in the Pensacola State College Financial aid/Veteran Services office).	
Signature, Notary Public _____	Type of I.D. produced (ex. Drivers license, number, expiration) _____
State of _____	County of _____
Printed Name of Notary Public _____	Typed, or Stamped Commissioned Name of Notary Public _____