



Gloucester County College

Office of Financial Aid

Authorization to Release Financial Aid Information

Student Name : _____

GCC I.D.# _____

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Gloucester County College is prohibited from providing certain information from your student records to a third party, such as grades, billing, tuition and fees assessments, financial aid and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

Students may grant the Gloucester County College permission to release information about their financial aid to a third party (including parents, step-parents, etc) by submitting a completed Authorization to Release Financial Aid Information Form. You must complete a separate entry for each parent, family member, or other individual to whom you wish to grant access to your financial aid information.

For more information on FERPA please go to: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

By completing and signing this form you are giving the Office of Financial Aid the right to discuss your financial aid with the person(s) listed below. Examples of information that could be discussed are awards, application data, disbursements, eligibility, and satisfactory academic progress status.

My signature below verifies that I have read and understand the FERPA regulations.

Student Signature _____

NOTE: YOUR AUTHORIZATION TO RELEASE INFORMATION HAS NO EXPIRATION DATE; HOWEVER, YOU MAY REVOKE YOUR AUTHORIZATION BY COMPLETING A NEW RELEASE FORM.

TO PROTECT THE STUDENT FROM IDENTITY THEFT AND FINANCIAL FRAUD THE OFFICE OF FINANCIAL AID WILL ONLY GIVE INFORMATION OUT TO THE PERSON(S) LISTED ON THE RELEASE FORM. SUCH INDIVIDUAL(S) SHALL PROVIDE PHOTO IDENTIFICATION WHEN MEETING WITH THE OFFICE OF FINANCIAL AID.

Last Name _____ First Name _____ Relationship to Student _____

Street Address _____ City, State, Zip _____

Phone Number _____

Last Name _____ First Name _____ Relationship to Student _____

Street Address _____ City, State, Zip _____

Phone Number _____

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