



Financial Aid/EOP Office 2277 Napa Valley Hwy Napa, CA 94558
 Main (707) 256-7300 Fax (707) 256-7309 Toll Free (800) 826-1077

STUDENT RELEASE OF INFORMATION CONSENT FORM

 Student Name (Last, First, MI)

 NVC Student ID Number

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to education records and the confidentiality of student information. Institutions may not disclose information contained in financial aid records without the student's written consent except under certain conditions. A student's record may be released to parents, guardians, or other third parties by providing a written authorization of consent. Dependent students who want to release information to someone other than the parent(s) providing information on the FAFSA must also provide signatures from the parent(s) for this release to be valid.

STUDENT CONSENT FOR RELEASE OF INFORMATION

I hereby give my consent for my parent, guardian, or other third party, as named below, to have access to my financial aid and educational records. I understand that each individual will need to show a valid photo ID at time of release to view my records. THIS FORM MUST BE SUBMITTED IN PERSON WITH A PICTURE ID.

Parental Information : List below the parent(s)/stepparent(s) who provided information on your FAFSA.

Father/Stepfather/Parent 1: _____

Mother/Stepmother/Parent 2: _____

I authorize the release of my financial aid and educational records to the following individuals: (Dependent students MUST provide parental signature(s) below for release of information to third parties)

1) Name _____ Relationship _____

2) Name _____ Relationship _____

3) Name _____ Relationship _____

 Student's Signature

 Date

 Father/Stepfather/Parent 1 Signature (Required for dependent release to third party)

 Date

 Mother/Stepmother/Parent 2 Signature (Required for dependent release to third party)

 Date