Authorization and Request for Release of Financial Aid Records and Information

To: Office of Financial Aid  
Community College of Philadelphia  
Philadelphia, PA 19130

You are hereby authorized to disclose, make available and release financial aid records and personally identifiable information to

_______________________________________  
(name(s) of individuals, organizations, agencies to be included)

without my further consent, and until further notice.

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

_______________________________________
Name of Student (please print)

_______________________________________
Signature of Student

_______________________________________
Student ID: J#

FERPA: The Family Educational Rights and Privacy Act, (FERPA) was signed into law by President Gerald Ford in November 1974; FERPA pertains to all areas of education institutions.