



Mount Vernon Campus 360-416-7700
 Whidbey Island Campus 360-679-5330
 South Whidbey Center 360-341-2324
 San Juan Center 360-378-3220

INFORMATION RELEASE FORM
Enrollment Services / Veterans / Financial Aid / Disabilities

Under the Family Educational Rights and Privacy Act of 1974 (FERPA) Students have the right to release or not release information contained in their student record. Information contained in the student record will not be released without written consent of the student with the exception of directory information. Prospective employers, creditors, parents, or other interested parties must obtain a signed release from the student and submit it to the Registration and/or Veterans Education / Financial Aid / Disability Access Services Office at the time of the request.

(Separate signatures are required for each office that the Information Release Form is requested.)

From: _____

Name _____ **Phone** _____

Address _____ **Student Identification Number** _____

City, State, Zip _____ **Email** _____

Enrollment Services

Veterans Education

The following information may be released to:

- Parents (Name) _____
- Employer _____
- Other (specify) _____
- Spouse (Name) _____

Records to be released:

- Address, Phone
- Date of Birth
- Degrees Awarded and Major
- Enrollment
- Name
- Placement Test Scores
- Transcript Information (Grades)
- Tuition/Fees Account Balance
- Veteran Status

The following information may **not** be released to:

- Parents (Name) _____
- Employer _____
- Other (specify) _____
- Spouse (Name) _____

Records not to be released:

- Address, Phone
- Date of Birth
- Degrees Awarded and Major
- Enrollment
- Name
- Placement Test Scores
- Transcript Information (Grades)
- Tuition/Fees Account Balance
- Veteran Status

Purpose of Disclosure:

- To Check Academic Progress
- To Verify Course Enrollment
- To Verify Financial Status
- Other: _____

Registration Information Release Only - Page 1 submitted

Student Signature _____

Date _____

*This consent may be revoked at any time upon written request

(Expires one year from date signed.)



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Financial Aid and/or Business Office – Must submit page 1 and 2

I authorize the Financial Aid and/or Business Office at Skagit Valley College to discuss confidential account information for the purpose of understanding and meeting college-related financial obligations with me (the student) as well as the person(s) listed on this form.

I understand the person(s) listed on this form will have access via phone, in person or by mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status, as well as award types.
- Specific student and parental income or asset information.
- College tuition billing account and statements, including credits and debits posted to that account and any refund amounts I may receive.

This authorization does **not** allow the college to release specific academic information that is not directly related to the student's financial aid account or financial aid eligibility.

Name(s) of people to release information to (please print):

Social Security Number: _____ Authorization Password*: _____

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report payments made by you that may qualify for a tax credit or a tax deduction on your income tax return. We may also use this information to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to an IRS penalty of \$50. Pursuant to state and federal law, the college will protect your SSN from unauthorized use and/or disclosure.

*Please limit the password to one printed word. The authorized person(s) will be expected to know this information.

Student Signature _____ Date: _____

*This consent may be revoked at any time upon written request (Effective for current academic school year.)

Disability Access Services – Must submit page 1 and 2

The Disability Access Services (DAS) at Skagit Valley College is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law. For more information on DAS confidentiality please see a DAS advisor.

If a student wishes to have information about his/her disability shared with others, the student must provide written authorization to the DAS coordinator to release the information. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released. The student should also understand that there may be occasions when the Coordinator will share information regarding a student's disability at his/her discretion if circumstances necessitate the sharing of information and the Coordinator has determined that there is an appropriate legitimate educational interest involved. In addition, I authorize release of information to the following parties outside the institution:

Disability Access Services Staff _____ Date _____

Student Signature _____ Date: _____

*This consent may be revoked at any time upon written request (Expires one year from date signed.)

For Office Use Only RECEIVED BY Disability Access Services Enrollment/Veterans Services Financial Aid

COPIED AND FORWARDED TO ANY APPROPRIATE DEPARTMENT:

- | | | |
|---|-----------------|---------------|
| <input type="checkbox"/> Disability Access Services | Date sent _____ | Initial _____ |
| <input type="checkbox"/> Enrollment/Veterans Services | Date sent _____ | Initial _____ |
| <input type="checkbox"/> Financial Aid | Date sent _____ | Initial _____ |