



RELEASE OF INFORMATION REQUEST

Last Name	First Name	M.I.	Student ID:
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Instructions

Mendocino College observes the provisions of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), which is a federal law that establishes the rights of students with regard to certain education records, and ensures students of the rights of privacy and confidentiality with respect to those records. This form serves as authorization to grant or rescind the release of a student's financial aid documentation, academic information relating to Satisfactory Academic Progress, status, award, and disbursement information to a third party.

1. Complete Section 1 and/or 2 below. Use blue or black ink only. Ineligible forms will be returned to you unprocessed.
2. Submit this form at any Financial Aid Office location, via fax to (707) 468-3197, or by mail to 1000 Hensley Creek Rd., Ukiah, CA 95482.

If you have questions about this form, please call our office at (707) 468-3110.

Section 1: Authorize the Release of Information

Provide the full name and address of the individual(s) you would like to grant access to your financial aid information.

Full Name	Address

Section 2: Rescind the Release of Information

Provide the full name and address of the individual(s) for whom you would like to rescind the access to your financial aid information.

Full Name	Address

Certification and Signature

- I certify that all information reported on this form is true and accurate to the best of my knowledge.
- I understand that authorizing the release of my information will remain in place until I submit a request to rescind it.

Student Signature	Date
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