

## CONSENT FOR RELEASE OF STUDENT FINANCIAL AID INFORMATION

Student Name (print): \_\_\_\_\_

S#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Current address (City/State/Zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Financial aid information is protected by multiple federal laws, including the Higher Education Act (HEA) of 1965, the Privacy Act of 1974, the Federal Educational Rights and Privacy Act (FERPA) of 1974 and the Internal Revenue Code (IRC) of 1986. These laws are designed to protect students and their educational records, including Federal Tax Information (FTI) and FAFSA information.

Records protected by these laws are considered confidential and will not be released without written consent from the student. For these reasons, it is necessary for the College to obtain written permission to disclose financial aid information to scholarship granting organizations and/or other entities designated by the student to assist them in the application of Federal, State, local or tribal assistance (that would be used to cover any component of the student's cost of attendance).

### **Please note:**

1. Written permission is on a case-by-case basis, with the student specifying who may receive the information (person, department, agency).
2. Even with written permission, a college may not redisclose tax information for any purpose other than the application, award or administration of financial aid.

Please complete this form only if you want the Financial Aid Office to disclose information related to your federal, state and/or institutional financial aid awards, including your Federal Tax Information (FTI) disclosed under 6103(I)(13) of title 26.

Financial Aid Office  
Confluence – Room 120  
Campus Box 206  
P.O. Box 173363  
Denver, CO 80217  
Fax: 303-556-5458  
Phone: 303-556-5503  
Email: [financialaid@ccd.edu](mailto:financialaid@ccd.edu)  
Website: [www.ccd.edu/financialaid](http://www.ccd.edu/financialaid)



## CONSENT FOR RELEASE OF STUDENT FINANCIAL AID INFORMATION

By signing this form, I give the Financial Aid Office at the Community College of Denver permission to release the following information, as indicated below, **for the sole purpose of the application, awarding, or administration of financial assistance toward my cost of attendance.** I understand that this authorization will be effective until it is revoked in writing or if I am not enrolled at CCD for longer than one term.

I authorize the release of such information to the following individual and/or organization(s):

Name: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_