COMMUNITY COLLEGE OF
DENVER

RELEASE OF FINANCIAL AID INFORMATION

Student Name (print): _____

S#: _____   Phone#: _____

Email: _____@student.cccs.edu

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

Student Signature: _____   Date: _____

This form authorizes the Community College of Denver Financial Aid Office to release your financial aid information to you. Submit this completed form, along with any document the CCD Financial Aid Office is being requested to complete, to the CCD Financial Aid Office.

Due to privacy law as dictated by the Higher Education Act, we are not authorized to release financial aid information to anyone other than the student.

To protect your privacy, you must submit this form in person and present a valid photo ID. If you are unable to do so, the back of this form must be notarized.

Please allow 3-5 business days for your request to be completed. Completed requests will be emailed your CCD student email account.

1. Check One:
   ☐ Please complete the attached form (attach the form that must be completed)
   ☐ Please release the following specific information (clarify the information you are requesting to be released from your file):

   _____

   _____

   _____

2. I authorize the Financial Aid Office to release information pertaining to the following terms (check all that apply and include aid year):

   ☐ Fall   20_____

   ☐ Spring   20_____

   ☐ Summer   20_____

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NOTE: CCD cannot release information about financial aid if it is not awarded. Additionally, we are required to report all resources and awarded aid amounts.

NOTARY SECTION
(Notary Seal must be visible on the copy)
Do not complete this section unless you are faxing, emailing or mailing this form.

Subscribed and sworn before me on this, the _____ day of _____, 20_____ in the County of _____, State of _____. My commission expires on _____, 20_____.

Notary Name (print): _____

(SEAL)

Notary Signature: _____

INTERNAL USE ONLY

Scanned and emailed by:

Employee Name (print): _____

Signature: _____   Date: _____