SANTA ANA COLLEGE FINANCIAL AID OFFICE
THIRD PARTY RELEASE FORM 2025-2026

Authorized Release Code: _____

(Code will be assigned to the student when the student turns in this complete form in person, present a picture ID and sign in the presence of Financial Aid staff)

Student Name	Student Social	Student ID

The Family Educational Rights and Privacy Act of 1974 (FERPA) was enacted to protect the privacy of educational records, to establish the right of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading statements.
FERPA prohibits agencies and educational institutions from releasing confidential information about a student without the student's consent unless they are releasing that information to provide financial and award information to federal, state and campus personnel who have a legitimate need to know this information. Records may be released to a third party, including a parent or guardian, only after receiving student authorization.

If you wish to allow a third party access to your confidential financial or award information, please complete the box below and turn this form in to us in person.

Program:

__ Pell Grant __ SEOG __ FWS __ Direct Sub Loan __ Direct Unsub Loan

__ Cal Grant __ BOGW __Other _____ __All programs

Third Party Release

I authorize the Santa Ana College Financial Aid Office to release my confidential financial and award information to the following person who has my Authorized Release Code.

Name: _____
Last First Middle

Address: _____
Street Number City State Zip

Relationship: _____

I understand this consent release will expire on June 30th, 2024.

_____ _____
Student Signature (must present a picture ID and sign in the presence of FA staff) Date

If you wish to cancel the right of a third party access to your confidential financial and award information, please complete the box below.

Cancellation of Consent for Third Party Release

I wish to cancel my authorization for the Santa Ana College Financial Aid Office to release my confidential financial and award information to the following person:

Name: _____
Last First Middle

Address: _____
Street Number City State Zip

Relationship: _____

I understand this cancellation is effective on the date received by the Financial Aid Office.

_____ _____
Student Name (Print) Student Signature

_____ _____ _____
Student's Soc.Sec.No Student's SAC ID Date