

Submit this form in person or by mail:
Financial Aid Office, Everett Community College
2000 Tower Street, Everett, WA, 98201

STUDENT INFORMATION

First name _____ Middle name _____
Last name _____ Student ID Number _____

BACKGROUND INFORMATION

When you apply for financial aid through the FAFSA® form, both you and anyone contributing to your application agree to have your Federal Tax Information (FTI) transferred from the Internal Revenue Service (IRS) directly to the FAFSA® form. This information is then used by the Financial Aid Office to determine and administer financial aid awards.

It's important for you to know that the Financial Aid Office is prohibited from sharing FTI obtained from the IRS with anyone, including other departments within the college, unless the student provides separate written consent. Institutions may, with your written consent, release FTI to a scholarship granting organization, or to an organization assisting you in applying for and receiving Federal, State, local, or tribal assistance, that is designated by you to assist in applying for and receiving financial assistance for any component of your cost of attendance.

According to the IRS, FTI includes various pieces of information such tax year, tax filing status, adjusted gross income (AGI), number of exemptions and dependents (household size), income earned from work, taxes paid, educational credits, untaxed Individual Retirement Arrangement (IRA or Individual Retirement Account) distributions, IRA deductible and payments, tax exempt interest, untaxed pensions and annuities, Schedule C net profits/losses, indicators for Schedules A, B, D, E, F, and/or H, IRS response code which indicates the status of the tax filer/FTI with the IRS to include one of the following: tax filer and FTI provided to the FTI Module (FTIM), not found at the IRS, found and a non-filer, found but IRS not able to provide information.

CONSENT

I, _____, (_____) provide consent for Everett Community College...
(Full Name) (ctcLink ID)

To redisclose FTI within my FAFSA® to: _____
(Name and Relationship or Organization)

To discuss FTI within my FAFSA® with: _____
(Name and Relationship)

I understand the information being disclosed includes Federal Tax Return Information (FTI) authorized under section 6103(l)(13) of title 26 of the IRC. I authorize the above institution to redisclose this information specifically for:

A funding evaluation of available student financial aid programs by the applicable institution's Workforce Department, including but not limited to BFET, Workfirst, Opportunity Grant, and Worker Retraining.

Assistance in the applying for or receiving of federal, state, local or tribal financial assistance that are components within my cost of attendance.

To discuss information with the above disclosed person/organization as they are assisting in my aid application process.

Other, please describe: _____
Note: The Financial Aid Office will only release FTI if it is to assist in the application, award, and administration of aid toward the cost of attendance for the student.

CERTIFICATION: This form must be submitted in person or signed by a Notary and mailed.

I understand the disclosure of this information may only be used by the organization or person authorized to receive the information for the specific purpose listed above and may not be used by any other organization or individual for any other purpose.

Student Signature _____

Date _____

OFFICE USE ONLY

I verify that the student listed above submitted this form in person. I have also verified and collected a copy of the student's ID.

Employee's Printed Name

Employee's Signature

Date

NOTARY'S CERTIFICATE OF ACKNOWLEDGMENT: If unable to submit in person.

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's Name)

personally appeared, _____, and provided to me
(Printed Name of Signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

(Notary Signature)

My commission expires on _____
(Date)

Please mail this form and a copy of your government-issued photo ID to:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201-1390

(Will not be accepted if faxed or emailed)

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADACoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympuss Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the [Equal Opportunity and Title IX website](http://EverettCC.edu/EqualOpportunity): EverettCC.edu/EqualOpportunity