

Submit this form in person or mail, electronically, or by fax:  
Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201  
via Document Submission Form • Fax (425) 388-9185

**STUDENT INFORMATION**

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First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Last name \_\_\_\_\_ ctclink ID Number \_\_\_\_\_

**REQUEST TO DISCLOSE ADDITIONAL INFORMATION**

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The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship, and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes EvCC Financial Aid Office personnel to release confidential Financial Aid information to a designated person(s).

**This authorization must be verified by a Financial Aid employee** by presenting a legible copy of the student's valid ID at the Financial Aid Department. It will not be in effect until verified.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List any restrictions \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List any restrictions \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

List any restrictions \_\_\_\_\_

**Authorization Password** \_\_\_\_\_

(Limit the password to one word. The authorized person(s) will be expected to know this information.)

**CERTIFICATION:** Electronic signatures will not be accepted.

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I understand the person (s) listed on this form will have access via telephone, email, in person, or by mail to information that may include the following:

My financial aid and scholarship records, including processing and eligibility status, as well as award types; college tuition billing account and statements, including credits and debits posted to that account, and any refunds I may receive.

This authorization does not allow the financial aid office to release specific academic information. Requests to release academic information will be handled by the Registrar's Office.

I also understand that this authorization will remain in effect for the current academic year only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ID verified by authorized Financial Aid staff member \_\_\_\_\_