



Lake Tahoe Community College
Financial Aid Office
One College Drive
So. Lake Tahoe, CA 96150
(530) 541-4660 ext. 236
fax (530) 541-2598

2019-2020 Student Consent Form Release of LTCC Financial Aid Information to a Designated 3rd Party

STUDENT INFORMATION

Name: _____ LTCC ID# _____

Mailing Address: _____ Phone: _____
P.O. Box or Street Address City/State Zip Code

e-mail address: _____ Date of birth: _____ Phone: _____

This form allows you to designate any third parties to whom you authorize the LTCC Financial Aid Office to release your financial aid information (application status and award information) orally or in writing. You need to indicate the person's full name and relationship to you (parent, spouse, sibling, etc.) and submit this form in person to the LTCC Financial Aid Office. You will be required to show photo identification. If you submit this form via fax or mail, you are required to include a copy of your (the student's) current and valid driver's license, passport, or other government-issued photo ID.

This information release is only valid for the 2019-2020 academic year (Fall 2019, Winter 2020, Spring 2020, and Summer 2020). A new form will need to be submitted for each future academic year.

Access to student records and documents must be controlled to ensure integrity, security, and confidentiality. As a student at Lake Tahoe Community College, the confidentiality of your student financial aid information is protected in accordance with the federal Family Educational Rights and Privacy Act (FERPA) of 1974. Unauthorized use, removal, defacement, or alteration of any physical record or computerized data is prohibited. Providing access to student records, or information contained in these records, to unauthorized persons is also prohibited. Under FERPA, the LTCC Financial Aid Office has the authority to provide your financial aid information to federal, state, and college personnel who have a legitimate need to have this information.

Your information cannot be disclosed to other third parties (parent, spouse, sibling, friend, landlord, associate, etc.) without your express written consent.

CONSENT TO RELEASE

If you are submitting this form via fax or mail, include a copy of your driver's license, passport, or birth certificate.

Person's Full Name	Relationship to You (parent, spouse, outside agency, etc.)

SIGNATURE

I have read and understand the information above and give consent for the LTCC Financial Aid Office to release my LTCC financial aid information to the person(s) listed above. I understand this release is only in effect for the academic year in which it is enacted.

Student Signature

Date