



Permit to Disclose Personally Identifiable Information from Financial Records

In order to authorize the release of information to any party, other than the student, the following information must be provided. This is a requirement of the Family and Educational Rights and Privacy Act (FERPA) of 1974, as amended. Please complete this information and submit this form to the **campus financial aid office**.

Financial Aid Disclosure for the 2009-2010 Academic Year

_____ Hold for student pick up of requested information.

_____ Mail requested information to: _____

_____ Fax requested information to: () -- _____

1. Records to be disclosed: _____ Financial aid information _____ Veterans Affairs information

2. Purpose of Request:

_____ Department of Rehabilitative Services

_____ Parent request for information

_____ One Stop Program

_____ Spouse request for information

_____ Department of Social Services

_____ Tuition Fee Waiver (Pell Eligible)

_____ Redevelopment Housing Authority/HUD

_____ Other: _____

3. The person or organization to which this disclosure is to be made: (please print)

Name: _____

Address: _____
Street Address City State Zip

In processing your request, TCC may need to furnish and/or confirm your social security number (SSN) with the third party that you have specified above. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

_____ I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request.

_____ I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request. (Note: In some instances, TCC may be lawfully required to disclose a student's SSN)

My signature below serves as affirmation that I authorize the release of personally identifiable information to the party listed above during the 2009-2010 academic school year at Tidewater Community College.

Signature: _____

Date: _____

Print Name: _____

Campus of Record: _____

Address: _____
Street Address

SIS ID: _____

_____ *City State Zip*

Telephone: () -- _____

OFFICE USE ONLY

Processed by: _____

Signature: _____