



San Diego State University
Office of Financial Aid & Scholarships
5500 Campanile Drive
San Diego, CA 92182-7436
619-594-6323

CONSENT TO DISCLOSE FINANCIAL AID INFORMATION

Student Name (Print): _____

Student Red ID Number: _____

Identity of party or class of parties to whom this disclosure of information/records may be made:

Full Name (Individual or Organization):

Title of Recipient (If applicable): _____

Recipient Address: _____

Recipient Telephone number: _____

Recipient Email address: _____

Specific information/records to be disclosed: _____

Academic year of information/records to be disclosed: _____

Purpose for Disclosure: _____

I, the above named student, do hereby authorize the San Diego State University Office of Financial Aid and Scholarships and/or its employees to disclose to the above named party/parties the specifically identified information/records. This consent is valid only for the academic year noted above. I acknowledge that I may revoke this "Consent to Release Financial Aid Information" *in writing* at any time by sending such revocation to the Office of Financial Aid and Scholarships. I also acknowledge and agree that any disclosure of records and/or information made subsequent to the date of this consent and prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law.

Student Signature

Date

The original of this document with an original ("wet") signature must be received by the Office of Financial Aid and Scholarships prior to the release of any information/records.