



Financial Aid Office

El Camino College (ECC) - 16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ 1-310-660- 3493 ♦ www.elcamino.edu

THIRD PARTY RELEASE FORM (Telephone and In-Person)

PRINT IN BLACK OR BLUE INK.

ECC ID Number: _____

(First Name) (Last Name) MI Telephone Number

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits agencies and educational institutions from releasing confidential information about a student without the student’s consent unless he or she is releasing that information to provide financial and award information to federal, state, and campus personnel who have legitimate need to know this information. Records may be released to a third party, including a parent or guardian, only after receiving student written authorization. If you wish to allow a third party access to your confidential financial or award information, please appear in person with this completed form and your original, El Camino College Student ID, California Driver’s License, or California ID Card. You will need to choose a password and the authorized person will need to provide this password to obtain your financial aid information

By completing and signing this form, you authorize the El Camino College Financial Aid Office to discuss your information with your designee (parent, spouse, partner, relative, guardian, etc.). You should give great consideration before choosing to exercise this option and submitting the Third Party Release Form. By signing this form, financial aid personnel may disclose any information pertaining to your records including but not limited to: status of file, amounts of financial aid awarded and disbursed, Satisfactory Academic Progress status, income information, or any other information contained in your file. This authorization will remain in effect until you submit written notice terminating this consent to the Financial Aid Office.

STUDENT AUTHORIZATION:

Check One: Release Information to Cancel Release to _____
(First Name) (Last Name) MI

AUTHORIZED PERSON

FULL NAME (FIRST, LAST, MI)

RELATIONSHIP TO STUDENT

PASSWORD

1. _____

2. _____

Student Signature to Authorize Request

Date

OFFICE USE ONLY:

ECC ID Card CA Driver’s License Expire Date: _____ CA Identification Card Expire Date: _____

Staff Initial: _____ Date: _____

Document Released: _____ Staff Initial: _____ Date: _____

Document Released: _____ Staff Initial: _____ Date: _____

Student Signature to Cancel Request: _____ Date: _____

Staff Initial: _____ Date: _____