

H. Council Trenholm State Community College
Post Office Box 10048
Montgomery, Alabama 36108
Financial Aid Office

Student Consent Form for Release of Financial Aid Records (FERPA)

I, _____, Student Number _____

- do hereby authorize Trenholm State Community College to release any or all of my financial aid records to the following parties (name & relationship to student) without any further consent and until further notice.

_____, _____
_____, _____
_____, _____

- do hereby authorize Trenholm State Community College Financial Aid Office to release the following financial aid records. _____

Record(s) to be released

to _____, _____
Name of Person or Agency Relationship to Student, if any

I understand that this authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Educational Rights and Privacy Act, as amended. A photocopy of this authorization shall be considered as valid as the original signed document.

Name (please print)

Signature

Date

Social Security# (last four digits)