## **Southern California Institute of Technology**

Financial Aid Office 222 S. Harbor Blvd., Ste. 200 Anaheim, CA 92805 (714) 300-0300

## Consent to Release Financial Aid Information

Student Name	SSN	
Part 99) is a federal law that Schools must have written p If you wish to authorize the designated individual (e.g. p	es and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CI protects the privacy and confidentiality of student record ermission to release student record information. SCIT Financial Aid Office to disclose information to a arent, sibling, spouse, etc.) you must sign and date this	ords.
If the student wishes to revo to the SCIT Financial Aid O	ke the authorization, he/she must provide a written stat ffice	ement
Name		
Relationship to Student		
	the student, certify that you are granting the SCIT Fine ease your information to the authorized individual indicates	
*This disclosure is valid onl	y for financial aid information.	
Student Signature	Date	