

# Release of Financial Aid Information

## SUBMIT IN PERSON TO THE STUDENT FINANCIAL SERVICES OFFICE

In Accordance with the Family Educational Rights and Privacy Act of 1974 as amended, it is necessary for Kalamazoo Valley Community College officials to have written consent from a student prior to releasing information from the student's financial aid record to most sources outside the College. The exception to this situation is directory information.

**Use this form only if you want the named individual(s) to be able to inquire about your financial aid and receivable accounts on your behalf.** Other than the Student Financial Services Office, only you, the student, can make requests for changes to your financial aid eligibility and awards. Completion of this form is **not** required to be eligible for financial aid.

Tax information will only be released to the tax filer after presenting valid State Issued Identification.

I, \_\_\_\_\_ Valley ID # V00\_\_\_\_\_

Student Name

hereby consent to the release by Kalamazoo Valley Community College of all information concerning my financial aid, financial aid obligations, and account information including holds, student account, and other receivable accounts. This also includes attendance information, as well as satisfactory academic progress and transcript information as it pertains to my financial aid eligibility.

### Parties to Whom Such Records May Be Released

- |    |       |              |  |
|----|-------|--------------|--|
| 1. | _____ | _____        | _____  |
|    | Name  | Relationship | Purpose of Disclosure<br><small>(why you are requesting this information to be released)</small> |
| 2. | _____ | _____        | _____  |
|    | Name  | Relationship | Purpose of Disclosure<br><small>(why you are requesting this information to be released)</small> |


I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent.

**This consent for release will remain in effect from the date indicated below until I submit written authorization to remove it.**

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

Please log in to your My Valley account to check your financial aid eligibility.

**Please return this form to the Student Financial Services Office at the Texas Township Campus.**

	<b>Kalamazoo Valley Community College</b>	<a href="http://www.kvcc.edu/finaid">www.kvcc.edu/finaid</a>
	Student Financial Services Office — Texas Township Campus — Office # 9210	
	6767 West O Avenue — P.O. Box 4070 - Kalamazoo, MI 49003-4070	
	Phone: 269-488-4340 — Fax: 269-488-4120 — Email: <a href="mailto:finaid@kvcc.edu">finaid@kvcc.edu</a>	