



## Community Colleges of Spokane AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Spokane Community College • Spokane Falls Community College

### INSTRUCTIONS

The Family Educational Rights and Privacy Act of 1974 prohibit access to a student's education records (other than "directory information") without the written consent of the student. These confidential records include financial aid, scholarship and billing/account information.

Students may authorize others access to their Community Colleges of Spokane financial records using the following methods:

1. Provide their student ID number and PIN to allow access to that information on-line.
  - a. Students who later wish to deny access to must change their PIN.
2. Complete the attached Authorization to Release Financial Information form identifying those that they would like to have access to their financial records. The release will require the student to choose a password that they will provide to the authorized person(s) listed on the release in order for the person(s) to call and request information. The authorized person(s) will provide the password to CCS staff before gaining access to the information.
  - a. Students who later wish to deny access that has already been granted must revoke the release in writing.
  - b. A new release must be submitted to add, delete or change information on the release
  - c. Upon request from the student, the student will be provided a copy of the records disclosed.

### RELEASE FORMS

Please send completed release forms to your nearest local campus cashier's office or mail to:

SCC Cashier MS 2155  
1810 N Greene St  
Spokane WA 99217-5399

SFCC Cashier MS 3171  
3410 W Whistalks Way  
Spokane WA 99224-5288

***Please complete release form***

**AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes college personnel to release confidential information to designated person(s).

Student name \_\_\_\_\_

Student ID number \_\_\_\_\_

I authorize Community Colleges of Spokane to discuss my confidential financial account information for the purposes of understanding and meeting college related financial obligations with me or any of the person(s) listed on this form.

I understand that the person(s) listed on this form will have access via telephone, in person, or mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.
- My tuition billing account and statements, including credits and debits posted to that account and any refund amounts that I have received.

This authorization form does not allow the college to release specific academic information. Requests to

release academic information will be handled by the Registrar's Office.

Name(s) of people to release information to: (please print)

Authorization password \_\_\_\_\_

(Please limit the password to one printed word. The authorized person(s) listed above will be expected to know this information.)

***This authorization will remain in effect until revoked in writing by the student.***

I certify, under penalty of perjury, that the number shown on this form is my correct student identification number (SID) and I am the individual listed above.

Student signature \_\_\_\_\_

Date \_\_\_\_\_