



Authorization for Information Release

NAME: _____
Print Full Name

SSN: _____

I hereby authorize the Financial Aid Officer of San Joaquin Delta College to release the following information from my student file:

This information may be released to the following individual or organization:

:

Name:
Organization:
Address:
City/State/Zip:

I understand that this authorization terminates one year from the date indicated below, unless a prior written request is submitted.

Signature _____

Date _____

OFFICE USE ONLY

Completed by: _____

Date _____