



**Return to:** Financial Aid Office  
5500 Irvine Center Drive  
Irvine, CA 92618  
Tel: 949-451-5287  
Fax: 949-451-5459

**2022-2023 Request To Release Personal And Confidential Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

The Office Financial Aid at Irvine Valley College is required by the Family Educational Rights and Privacy Act (FERPA), Title 34, Part 99, to release detailed information to the student only. However, by signing the statement below, the student may voluntarily waive his/her privacy rights, thereby authorizing IVC to release the contents of personal and confidential information to specific individual(s) or agencies. By completing this form, the named person(s) will be able to obtain information regarding the student's financial aid status, IVC's cost of attendance and determination of financial aid eligibility, and request to review the contents of the file. This statement does not authorize the release of any documents in the student's file. The student must make a separate written request for copies of documents contained in his/her file. In signing this request, the student understands that the waiver is valid for one (1) academic year, and that a new waiver must be signed each subsequent academic year that the student is in attendance at IVC.

I, \_\_\_\_\_ Here by waive my right under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Financial Aid Office at Irvine Valley College to share any requested information concerning my financial aid application and/or award(s) information to:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Upon request, an individual may be asked to provide IVC with at least one form of photo identification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*This waiver does not provide the person(s) listed above any or all information pertaining to the amount of the student's financial aid disbursement(s). IVC reserves the right to withdraw the authorization if there are instances or circumstances of abuse or evidence of a conflict of interest.*