



Financial Aid/EOPS Office ♦ 2277 Napa-Vallejo Hwy ♦ Napa, CA 94558  
Main (707) 256-7300 ♦ Fax (707) 256-7309 ♦ Toll Free (800) 826-1077

## STUDENT RELEASE OF INFORMATION WITHDRAWAL FORM

\_\_\_\_\_  
Student Name (Last, First, MI)

\_\_\_\_\_  
NVC Student ID Number

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to education records and the confidentiality of student information. Institutions may not disclose information contained in financial aid records without the student's written consent except under certain conditions. A student's record may be released to parents, guardians, or other third parties by providing a written authorization of consent. Dependent students who want to release information to someone other than the parent(s) providing information on the FAFSA must also provide signatures from the parent(s) for this release to be valid.

### **STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION**

I hereby **withdraw my consent** for my parent, guardian or other third party as named below, to have access to my financial aid and educational records, effective immediately. If I wish to reinstate the consent for release of information, I understand that I will have to complete another Student Release of Information Consent Form at that time. **THIS FORM MUST BE SUBMITTED IN PERSON WITH A PICTURE ID.**

*I am withdrawing consent of the release of my financial aid and educational records to the following individuals:*

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date