



**WEST
HILLS**
COMMUNITY
COLLEGE
DISTRICT

West Hills College Lemoore

Naval Air Station Lemoore

West Hills College Coalinga

North District Center, Firebaugh

Financial Aid Department

Financial Aid Consent Form
FERPA RELEASE Form
(Family Educational Rights & Privacy Act)

Student ID: _____

I, _____ the undersigned, hereby authorize West Hills College to release the following educational records.

Check all that apply:

All financial records (these records include, but are not limited to Financial Aid, Business Office, Residence Halls, and Dining Hall).

Academic record/transcripts (if a transcript is to be sent to an address other than that on file at WHC, a written request must be signed by the student or other party to whom the student has permitted release of such records).

Other (please specify):

Name of individual(s) I wish to release information to: (PLEASE PRINT)

Spouse: _____

Date of Birth _____

Parent: _____

Date of Birth _____

Other: _____

Date of Birth _____

I acknowledge by my signature that I understood although I am not required to release my records to the individual(s). I am giving my consent to release the information. I understand that this release remains in effect from the date it is received by WHC unless I revoke such consent in writing and delivered to WHC.

Signature of Student

Date