



## 2018-2019 Agency Verification Worksheet

**The Family Educational Rights and Privacy Act (FERPA):** FERPA protects the privacy of student educational records by limiting the release of records without the student's explicit written consent. The Office of Financial Assistance will not provide information regarding a student's financial aid without the student's written authorization. The information below is confidential and is intended only for the use of the student and third party agency indicated below. If you are not the intended recipient, you are hereby notified that any use, dissemination, or copying of this information is strictly prohibited.

### Student Information:

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Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street (include apt. no.) City Zip

### Third Party Agency Information:

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I am requesting information about my financial aid awards to be released to the following third party:

Agency Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street (include apt./ste. no.) City Zip

### Method of Delivery (check ONE box below):

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- I will pick up this worksheet in **3 business days**     Mail this worksheet to the third party above
- Fax this worksheet to the third party agency indicated above. Fax number: (\_\_\_\_\_) \_\_\_\_\_

### Authorization for Release of Information:

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I understand that information about my financial aid is protected under FERPA. I further understand that I may grant access to my financial aid information to any individuals or third party agencies of my choice. By signing this Agency Verification Worksheet, I authorize the Contra Costa College Office of Financial Assistance to release information regarding my financial aid awards to the third party agency indicated above. I acknowledge that this is a one-time only release.

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

### FINANCIAL AID INFORMATION (TO BE COMPLETED BY FINANCIAL AID STAFF):

The student indicated above is eligible for the following financial aid for the academic year indicated above, August 2018 through May 2019:

Pell Grant Amount: \$ \_\_\_\_\_ Cal Grant Amount: \$ \_\_\_\_\_ SEOG Amount: \$ \_\_\_\_\_

FWS Amount: \$ \_\_\_\_\_ Loans Amount \$: \_\_\_\_\_ Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

The student indicated above has an incomplete financial aid file and eligibility cannot be determined.

The student indicated above is ineligible for financial aid due to: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of FA Staff: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (510) 215-6026 Date: \_\_\_\_\_