



Financial Aid Office IN20 B123
3000 Landerholm Circle SE
Bellevue, WA 98007-6484

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Fax: (425) 564-4065
Email: financialaid@bcc.ctc.edu

Permission to Release Student Record Information

The Bellevue Community College Financial Aid Office will release information from the student's record to the person identified below as an authorized representative. We will not permit the authorized representative to pick up financial aid documents (awards letters, etc.) from our office unless the student makes an additional request to this effect on this permission slip.

Permission slips are valid from one financial aid year (Summer through Spring Quarter). The student may cancel this permission at any time by submitting an additional written statement requesting cancellation.

Student's Name: _____

Student ID Number: _____ — _____ — _____

This request is for: _____

Please indicate Academic Year

I give the Bellevue Community College Financial Aid Office permission to discuss my financial aid application status, award, or eligibility with the following individual(s). I understand that this permission will remain in force from the date the office notes receipt of this form until the last day of Spring Quarter of the above noted year, unless I provide the Financial Aid Office with a written notice.

Authorized Representative's Name: _____

Relationship to Student: _____

Student's Signature: _____ Date: _____