



**CONSENT TO RELEASE INFORMATION FROM EDUCATIONAL RECORD FOR:**

\_\_\_\_\_  
Student's Name (First, Middle, Last)

\_\_\_\_\_  
Westmont Student ID#

**INFORMATION TO BE RELEASED:**

In accordance with Family Educational Rights and Privacy Act of 1974, I provide this written authorization for the release information from my education records maintained by the Westmont College Office of Financial Aid to the individual(s) listed and for the purposes described below. I understand that the individuals I've authorized will be required to verify their identity by providing the last four digits of their Social Security Number. I also understand that I may revoke this authorization at any time by returning to the Westmont College Office of Financial Aid and signing and dating the revocation section of this form.

**INDIVIDUALS TO WHOM INFORMATION MAY BE RELEASED:**

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Last four digits of  
Soc. Sec. Number

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Last four digits of  
Soc. Sec. Number

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Last four digits of  
Soc. Sec. Number

**PURPOSE FOR RELEASE OF INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**REVOCATION:**

By checking the box and signing below, I revoke this authorization. I understand that my information will no longer be provided to the individual(s) named above.

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Return this form to:  
Office of Financial Aid  
Westmont College  
955 La Paz Road  
Santa Barbara, CA 93108  
Fax: (805) 565-7157