



# Financial Aid, Scholarships and Veterans Services

5151 Pacific Avenue Box 111  
Stockton, CA 95207  
PHONE: (209) 954-5115  
EMAIL: financialaid@deltacollege.edu

## Authorization for Information Release

NAME: \_\_\_\_\_  
Print Full Name

DELTA ID: \_\_\_\_\_

I hereby authorize the Financial Aid Officer of San Joaquin Delta College to release the following information from my student file:

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

This information may be released to the following individual or organization:

:

Name:
Organization:
Address:
City/State/Zip:

I understand that this authorization terminates **one year** from the date indicated below, unless a prior written request is submitted.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### OFFICE USE ONLY

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

Completed by: \_\_\_\_\_

Date \_\_\_\_\_