



Paradise Valley Community College
 18401 North 32nd Street
 Phoenix, AZ 85032
 www.pvc.maricopa.edu

Office of Student Financial Assistance
 Phone: 602-787-7100
 Fax: 602-787-7105
 www.pvc.maricopa.edu/finaid

REQUEST TO RELEASE INFORMATION TO A THIRD PARTY

type or print
 blue or black ink only

I _____, _____, _____,
 Student Name Student ID Social Security #

_____, grant permission for _____,
 Birth date Third Party Name (Parent, Spouse, Etc.)

_____, _____, to obtain my financial aid information
 Social Security # Birth date

with Paradise Valley Community College. I understand that the Office of Student Financial Assistance (SFA) is not responsible for the communication of information between the student and the third party. By signing this release I understand that the correspondence with and actions needed by the SFA is the responsibility of the student.

 Student Signature

 Date

 Third Party Signature

 Date

 Third Party Signature

 Date