



American Samoa Community College  
FINANCIAL AID OFFICE

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**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)  
PERMISSION TO RELEASE INFORMATION**

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In compliance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, information about your Federal Student Aid award may **NOT** be released to a third party, (*i.e.* your parents, spouse, sponsor, etc.) without your written permission.

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I, \_\_\_\_\_ with SSN \_\_\_\_\_,

† Authorize the release of information regarding my Federal Student Aid award with the American Samoa Community College to the individual(s) listed below. This permission is valid until \_\_\_\_\_ (specific date, general time-period, or expected date of graduation).

† **Do not** authorize release of my Federal Student Aid award information to a third party.

***To grant specific individuals access to your Federal Student Aid information, please complete the following information.***

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
SSN: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Employer: \_\_\_\_\_ Other Ph: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
SSN: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_  
Employer: \_\_\_\_\_ Other Ph: \_\_\_\_\_

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**Please Note: This authorization pertains to Federal Student Aid award information only.** Requests for information maintained by other ASCC offices (*i.e.* Admission Office, Records/Registrar Office, Business/Finance Office, etc.) are not covered by this authorization.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_