Financial Aid & Scholarships

JCSC Student's ID /Account umber (Do not use CRUZ ID)	UCSC Student's Last Name		First Name
	ID A CENCY ALITHODIZA	TION TO	
4-25 OUTSIDE SCHOLARSH	IP AGENCY AUTHORIZA	HON IC	O RELEASE INFORMATIO
The Femily Education Division and Drivery Ac	+ (FFDDA) is a fadoval law that avetact	a +la a .a.via.a	or and confidentiality of student
he Family Education Rights and Privacy Ac ecords. Schools must obtain written permi	•		y and confidentiality of student
f you wish to authorize the UC Santa Cruz F designated scholarship agency including in	•		• •
complete this form. However, the income i	nformation provided on your financia	al aid appli	cation will ONLY be discussed
vith the parent(s) who completes the fin	ancial aid application and not the a	igency liste	d below.
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nformation about financial aid such as exp understand that income and asset informat	•		
ndividual other than the parent on the fina			
otify the Financial Aid and Scholarship Off			J
Provide the agency's contact information b	alow Poguests will ONLY be process	cod to the	agangu's phono and/or o mail
<u> </u>	elow. Requests will ONLY be process	sed to the a	agency's phone and/or e-mail
<u> </u>	elow. Requests will ONLY be process	sed to the a	agency's phone and/or e-mail
provided here.	elow. Requests will ONLY be process	sed to the a	agency's phone and/or e-mail
provided here. Information may be released to:			
Provide the agency's contact information b provided here. Information may be released to: Name	Agency		
provided here. Information may be released to: Name E-mail	Agency Phone		
Information may be released to: Name E-mail Street Address	Agency Phone		
Information may be released to: Name E-mail Street Address Authorized by:	Agency Phone City		
Information may be released to: Name E-mail Street Address Authorized by: Signature of Student	Agency Phone City	State	e Zip Code
Information may be released to: Name E-mail Street Address Authorized by: Signature of Student E-mail E-mail	Agency Phone City	State	e Zip Code Phone
Information may be released to: Name E-mail Street Address Signature of Student E-mail E-mail E-mail	Agency Phone City	State	e Zip Code Phone
provided here. Information may be released to: Name	Agency Phone City	State	e Zip Code Phone
Information may be released to: Name E-mail Street Address Authorized by: Signature of Student E-mail Permanent Address	Agency Phone City	State	e Zip Code Phone

RETURNTO: Please email your completed form to finaid@ucsc.edu.

Phone: (831) 459-2963 Web: financialaid.ucsc.edu.