



OFFICE OF STUDENT FINANCIAL AID

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STUDENT AUTHORIZATION TO RELEASE INFORMATION (2022-2023 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
		@students.coconino.edu	
Phone # (include area code)		CCC Student Email Address	

This form will only be accepted through [CCC's Secure Upload](#) or in person. With this form, students must provide a copy of their state issued photo ID.



I give my consent to release non-directory information to the following people:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

This consent is limited to the following information (check all that apply):			
<input type="checkbox"/>	Registration and Enrollment Services <ul style="list-style-type: none"> Admission status Enrollment Status Grade/Course/GPA information 	<input type="checkbox"/>	Financial Aid <ul style="list-style-type: none"> Awards File Status
<input type="checkbox"/>	Business Administration <ul style="list-style-type: none"> Billing Payment 	<input type="checkbox"/>	No Limitation <ul style="list-style-type: none"> All information

I understand that this consent is in effect until I submit written notification to Coconino Community College of cancellation. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.

Draw your signature with a mouse, touchscreen or pen. Do not type.

Date

This section is to be completed by a CCC Employee			
I have ensured that this form is complete and certify that there is a clear copy of the student's state issued ID attached.			
Photo ID attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CCC Employee _____	Department: _____ Date: _____

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