



Scanning:
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2018-2019 THIRD PARTY ACCESS FORM

This form must be submitted in person. Parties granting access must also be in person. When you submit this form to the Financial Aid Office, please be prepared to provide valid identification for all parties listed on the form.

Last Name, First Name, Middle Initial			Student ID Number
Address			Email
City	State	Zip	Primary Contact Number

By completing this form, you are agreeing to allow the individual listed below access to your student financial aid account. This includes ALL your personal, financial and confidential information. If you decide that you no longer want this individual to have access to your student account, you must submit a signed, written notification to your college Financial Aid Office. This form is in effect until revoked in writing.

Name of Authorized Proxy	_____		Telephone #	_____
Address	_____			
City	State	_____	Zip	_____
Signature of Authorized Proxy	_____		Date	_____

**Proxy means giving permission or authority to someone.

The following information will be used to authenticate the identity of the proxy (to be completed by the authorized proxy):

What was your childhood nickname? _____

What year did you graduate from high school? _____

What street did you live on in third grade? _____

What is the first name of your best friend in high school? _____

Office: This information must be recorded and kept at the top in Colleague's STCM notes section.

IMPORTANT – PLEASE READ BEFORE SIGNING

I hereby grant approval for the person listed above to serve as my authorized proxy. I fully understand that this person will have access to any and all of my financial aid and student account records, including but not limited to my financial aid awards, disbursement amounts, disbursement dates, financial information, personal information and other confidential information. I also understand that I will not hold the colleges of DCCCD, in part or as a whole, liable for any misuse of information by the person listed above.

Signature _____ Date _____