



2018-2019 FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records, both financial and academic. For the student's protection, FERPA generally limits, with certain exceptions such as law enforcement, the release of student information without the student's explicit written consent. In order to release information concerning your financial aid, the student's authorization is required.

The Financial Aid Office will not provide information regarding a student's financial aid application or status of eligibility to any individual other than the student, without the student's express written authorization on the 2018-2019 FERPA Release Form. This form must be signed by the student in the presence of a Financial Aid staff member.

STUDENT INFORMATION:

NAME: _____ **SID#** _____

Name of Authorized Person: _____

Relationship to student: _____

Authorized Person Date of birth: _____

One time release 2018-2019 Academic year only

Name of Authorized Person: _____

Relationship to student: _____

Authorized Person Date of birth: _____

One time release 2018-2019 Academic year only

Third Party Release Only (i.e., educational institution, housing, etc.): _____

Information to Release: _____

Phone or Fax #: _____

One time release 2018-2019 Academic year only

Person(s) listed above may be provided information regarding (check all that apply):

The status of my financial aid file My financial aid awards and amounts Other: _____

State purpose of disclosure:

STUDENT DISCLOSURE AND RELEASE OF INFORMATION

I understand that any and all personally identifiable information concerning my financial aid, with certain exceptions such as law enforcement, is protected under FERPA. I further understand that I may grant access of my student financial aid information to individuals of my choice. This release allows the individual(s) listed above to access my student financial aid information. I will advise those identified above that the Financial Aid Office will not release information over the telephone because of the inability to accurately identify the caller without a photo ID.

By signing this release, I authorize the Financial Aid Office to release my financial aid information to the person(s) listed above. I **acknowledge that this release form is only effective for the 2018-2019 academic year and must be renewed each academic year.** I also understand that I may cancel this authorization at any time by submitting a written request.

Student Signature: _____ **Date:** _____

Financial Aid Staff: _____ **Date:** _____