

Financial Aid Authorization Release Form

Student Name: _____ Student ID: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student educational records, including financial aid information, and prohibits the disclosure without written consent from the student. By signing this authorization, you consent to allow our office personnel to discuss your financial aid record for the current academic year, including but not limited to your type of financial aid awards, your cost of attendance, and your satisfactory academic progress unless otherwise noted.

I authorize the Financial Aid Office to release my student financial aid records to the following individual(s) for the current academic year only. The Financial Aid Office will confirm the authorized party's name, relationship, and last 4 digits of their SSN before releasing any information.

Name	Relationship	Last 4 of SSN

I agree and understand the following:

- That only this individual(s) is authorized to view or have access to my records.
- That if I want to make changes to this list, I must contact the Financial Aid Office in writing.
- That this release is only effective as long as I am an enrolled student and is valid during all school breaks for the current academic year only.
- That when I graduate, withdraw or do not re-enroll, the authorization is revoked and access is reverted only to me alone.

Student Name

Date