



# 2016-2017 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, status or eligibility to any other individual, other than the student, without the student's express written authorization on the 2016-2017 FERPA Release Form. This form must be signed by the student in the presence of a financial aid staff member.

## STUDENT (FINANCIAL AID APPLICANT) INFORMATION

Student ID	Student Last Name	Student First Name

**Please Note: Photo Identification will be required to release information to the person (s) listed below.**

Printed Name (s) of Authorized Person (s)	Relationship to Student	Date of Birth	One Time Release	2016-2017 Academic Year
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Third Party Release Only (IE: Educational Institution, Housing, etc.)	Information to Release	Phone/Fax	One Time Release	2016-2017 Academic Year
			<input type="checkbox"/>	<input type="checkbox"/>

**The person(s) listed above may be provided information regarding (check all that apply)**

- The status of my financial aid file
- My financial aid awards
- Other: \_\_\_\_\_

**State purpose of disclosure:**

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## 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 on 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 2016-2017 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 OFFICE USE ONLY**

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<b>Signature of Financial Aid Officer (FAO)</b>	<b>Date Received</b>
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