

## Authorized Release of Scholarships & Financial Aid Information

Student's Name \_\_\_\_\_ UIN \_\_\_\_\_

The Federal Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is designed to protect the privacy of student educational records and limits access to the information contained in those records. Schools must have written permission to release student education record information to a third party.

If you wish to authorize Scholarships & Financial Aid to disclose information to a designated individual(s) (e.g. parents, legal guardian, spouse, etc.) you must sign and submit this form. Access to student records will only be granted to the individual(s) listed below when they provide the answers to the Unique Security Questions.

- The security password should be something that is easily remembered, but confidential and not common knowledge. Please limit the password to one printed word. The individual will be prompted to answer this question when requesting access to information contained in the student's financial aid records.
- If you wish to revoke authorization, you must provide a written request to Scholarships & Financial Aid. This form will be in effect and retained in student records from the date indicated below until revoked.

To Be Completed for each Individual Authorized to Access My Financial Aid Information	
<b>Name:</b>	<b>Security Password</b> (limit the password to one word)  _____
<b>Email Address:</b>	
<b>Relationship to Student:</b>	

To Be Completed for each Individual Authorized to Access My Financial Aid Information	
<b>Name:</b>	<b>Security Password</b> (limit the password to one word)  _____
<b>Email Address:</b>	
<b>Relationship to Student:</b>	

By signing this request, I understand that I am granting Scholarships & Financial Aid permission to release my information\* to the authorized individual or individuals indicated above. I understand that this request will remain on record until I submit a written request to have it removed, and that the University will not be liable for any adverse results that may occur by following these instructions.

**\*NOTE: This release is valid for scholarships and financial aid information only and must be submitted in person only.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date