

Authorized Release of Scholarships & Financial Aid Information

Student's Name _____UIN ____

The Federal Family Education Rights and Privacy Act (FERPA) (20 U.S protect the privacy of student educational records and limits access Schools must have written permission to release student education	to the information contained in those records.
If you wish to authorize Scholarships & Financial Aid to disclose in contents, legal guardian, spouse, etc.) you must sign and submit this granted to the individual(s) listed below when they provide the answers.	nformation to a designated individual(s) (e.g. s form. Access to student records will only be
 The security password should be something that is easily re common knowledge. Please limit the password to one print to answer this question when requesting access to informat records. 	ted word. The individual will be prompted
 If you wish to revoke authorization, you must provide a writ This form will be in effect and retained in student records from 	· · · · · · · · · · · · · · · · · · ·
To Be Completed for each Individual Authorized to	Access My Financial Aid Information
Name:	Security Password (limit the password to one word)
Email Address:	
Relationship to Student:	
To Be Completed for each Individual Authorized to	Access My Financial Aid Information
Name:	Security Password (limit the password to one word)
Email Address:	
Relationship to Student:	
By signing this request, I understand that I am granting Scholarships information* to the authorized individual or individuals indicated alson record until I submit a written request to have it removed, and to adverse results that may occur by following these instructions. *NOTE: This release is and must be submitted.	pove. I understand that this request will remain hat the University will not be liable for any walid for scholarships and financial aid information only
Student's Signature	