Request to Release
Personally Identifiable and Confidential Information

Student Name: ___________________________ BANNER: __________________________

Last         First         MI.

The Family Educational Rights and Privacy Act (FERPA) requires the Office of
Financial Aid to release detailed information to the student only. The student may,
however, voluntarily waive their privacy rights to the person(s) identified in the
statement below. By completing this form, the student grants the named person(s) access
to information in the student’s educational records.

I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA)
by authorizing the Office of Financial Aid to share any requested information
concerning my financial aid application, awards, and other financial aid questions
with _______________________________.

(First and last name of the person(s) authorized
to obtain information.) Please print legibly.

ADDITIONAL NAMES:
1. __________________________
2. __________________________

Student’s Signature: __________________________ Date: ________________