



Office of Scholarships & Financial Aid

Consent to Release Confidential Information

<u>Name of Student: (Last, First, MI)</u> _____	<u>Banner ID:</u> _____	<u>Date:</u> _____
---	-----------------------------------	------------------------------

The Family Educational Rights and Privacy Act (FERPA) requires the Office of Scholarships & 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 their **Financial Aid and Loan Information**. Completing this form *does not* give access to information on the student's Free Application for Federal Student Aid (FAFSA).

SECTION A: Person(s) to whom access to my Financial Aid and Loan Information may be provided:
Please PRINT their names.

My Parent(s)	Parent 1: _____ Parent 2: _____
My Guardian(s)	_____ _____
My Spouse	_____
Other(s)	_____ _____

SECTION B: Create a 4 to 6 digit numerical PIN that the person(s) listed in Section A will need to know to access your Financial Aid and Loan Information. When the person requests your information, they will be asked to confirm the 4 to 6 digit numerical PIN before receiving your information.

4 to 6 digit Numerical PIN:	_____
------------------------------------	-------

SECTION C: Answer any two of the following five questions. When you, the student, request information, via phone/email, you will be required to answer the questions that you choose to verify your identity before receiving information.

1. Which phone number do you remember most from your childhood?	_____
2. Which is your favorite web browser?	_____
3. What street did you grow up on?	_____
4. What is your favorite movie?	_____
5. What was your favorite place to visit as a child?	_____

SECTION D: I understand to ensure my privacy is maintained, the Office of Scholarships & Financial Aid will be verifying my identity and the identity of the person(s) to accessing my financial aid and loan information may be provided. I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Office of Scholarships & Financial Aid to share any of my financial aid and loan information with the person(s) listed above.

I also understand that (1) I have privacy rights as outlined in FERPA and the Office of Scholarships & Financial Aid policy and (2) this consent form will be effective until I submit written revocation to the Office of Scholarships & Financial Aid.

_____	_____
Student Signature	Date