

Authorization and Request for Release of Financial Aid Records and Information

Due to changes in the Federal Educational Rights and Privacy Act (FERPA), if you, the student, want us to disclose any of your financial aid information to anyone other than yourself, we must have the following information on those individuals. They will be required to provide us with these 3 pieces of identifiable information before any of your financial aid information will be given to them. THIS IS FOR YOUR PROTECTION!

Faulkner University is hereby authorized to disclose, make available, and release financial aid records and personally identifiable information to the following person(s) without my further consent, and until further notice.

Name _____ Relationship _____

Date of Birth _____ Social Security Number _____

Name _____ Relationship _____

Date of Birth _____ Social Security Number _____

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

Signature

Social Security Number

Printed Name

Date