



AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records include academic, financial aid, scholarship and billing/account information, and will not be released without written consent from the student. By signing this form, the student authorizes University personnel to release only confidential financial information.

Student Name: _____

Student ID (Jag) Number: _____

I authorize the Office of Student Accounting, Housing Department, and/or the Office of Financial Aid to discuss confidential account information for the purposes of understanding and meeting University related financial obligations with the person(s) to whom I gave the password listed below.

I understand that the person(s) that can disclose the authorization password will have access via telephone, in person, or by U.S. mail or electronic mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.
- My student account and statements, including credits and debits posted to that account and any refund amounts I may have received.
- My housing and meal plan account, which may include amounts owed as well as amounts paid.
- Any other unpaid bills that are owed to the University.

This authorization form does not allow the University to release any other specific educational records.

Authorization Password: _____

(Please limit the password to one printed word. The authorized person(s) must know this password.)

This authorization password will remain in effect until revoked in writing by the student.

Student Signature: _____ Date: _____