



AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION

The **Family Educational Rights and Privacy Act (FERPA)** of 1974 is designed to protect student’s rights with regard to financial records maintained by our office. Further information regarding *FERPA* can be found on the U. S. Department of Education’s website at <http://www.ed.gov/offices/OM/fpco/index.html>.

I, _____, Student ID: _____, understand that the FERPA law protects my student rights in regard to my records as referenced above and request that the person(s) listed below be granted full access to my financial aid information. I understand that this authorization will become effective as of the date of my signature and will remain in effect until which time I notify the Office of Student Financial Aid in writing that I wish to revoke it.

I authorize the **Office of Student Financial Aid (OSFA)** at **Augusta University** to release my financial aid information to the following person(s):

- Name:** _____ **Relationship to Student:** _____
Address: _____ **Telephone Number:** _____
Social Security Number: XXX-XX-_____ (Last 4 digits only)
- Name:** _____ **Relationship to Student:** _____
Address: _____ **Telephone Number:** _____
Social Security Number: XXX-XX-_____ (Last 4 digits only)

INITIAL THE STATEMENTS BELOW TO INDICATE YOU HAVE READ AND UNDERSTOOD THE TERMS OF THIS AUTHORIZATION FORM.

- I understand this authorization to release my financial aid information applies only to the FAO. _____ (Initials)
- I understand this authorization to release my financial aid information can be revoked by submitting a written request. _____ (Initials)
- I understand this authorization is requested to protect my rights and privacy. _____(Initials)

Student’s Signature _____
Date

Please present your completed authorization to the Office of Student Financial Aid in person with picture ID.
If you mail in the form, please have a notary witness and complete the section below.

STATE OF GEORGIA
COUNTY OF _____
Subscribed to and sworn to before me _____
this _____ day of _____, 20____. (Notary Public)