

# Student Release Authorization 2018-2019

## University of Rochester Financial Aid Office

In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974 as amended, students must provide written consent if they would like the University of Rochester to share information with parents, spouses, or any other person or groups of persons. By completing and submitting this form, you are authorizing University of Rochester staff to discuss the details of your financial records (including financial aid awards, financial aid application data, disbursements, award eligibility, satisfactory academic progress, billing statements, and account transactions) with whomever you designate below.

This authorization will remain in effect until revoked in writing.

### SECTION A:

Student Name

UR Student ID

### SECTION B:

The submission of this form voids all previously submitted release forms. Be sure to list each person that you are allowing our staff to speak to about your financial aid.

I hereby authorize the release and/or discussion of information regarding my financial records to the following:

Print Name

Date of Birth

Zip Code

Print Name

Date of Birth

Zip Code

Print Name

Date of Birth

Zip Code

Print Name

Date of Birth

Zip Code

### SECTION C:

I understand that it is my responsibility to reach out and update this form if I ever want to remove an approved person from this list.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Copies of this form should be retained by all individuals whose names appear above as well as you, the student.*