

AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION

Student Name: _____ **Student ID Number:** _____ **Program:** _____

Federal Education Rights and Privacy Act (FERPA) provides that an agency or institution may not have a policy or practice disclosing personal identifiable information from education records without the "written consent" of the parent or student, subject to specified exceptions. 20 U.S.C. 1232 g (b)(1).

If you wish to have ALL information pertaining to your application for Federal Student Aid plans made available to a third party, please indicate that party's name and your relationship to the party on the bottom of this letter.

I hereby authorize Westcliff University to release any information pertaining to any, or all, my Financial Aid to the following party(s):

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Student Signature: _____

Date: _____