

**EASTERN CONNECTICUT STATE UNIVERSITY  
FINANCIAL AID OFFICE**

Phone: (860) 465-5205 Fax: (860) 465-2811 E-mail: financialaid@easternct.edu

**Authorization and Request for Release of Financial Aid Records and Information**

TO: Financial Aid Office  
Eastern Connecticut State University  
Willimantic, CT

You are hereby authorized to disclose, make available, and release financial aid records and personally identifiable information to \_\_\_\_\_  
(name(s) of individuals, organizations, agencies)

\_\_\_\_\_

without my further consent, and until further notice.

This authorization shall be considered as a waiver of any and all of 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.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number (not required if you have an ECSU ID #)

\_\_\_\_\_  
ECSU Student Identification #