Authorization and Request for Release of Financial Aid Records and Information

You are hereby authorized to disclose, make available, and release financial aid records and personally identifiably 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

____________________________________________________
ECSU Student Identification #