



EASTERN CONNECTICUT STATE UNIVERSITY

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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

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

ECSU Student Identification #