



# AUTHORIZATION TO RELEASE INFORMATION OFFICE OF FINANCIAL AID

STUDENT NAME

STUDENT ID

PREFERRED EMAIL

PHONE NUMBER

## PURPOSE

Millersville University's Office of Financial Aid is restricted from discussing financial matters with anyone other than the student without explicit consent. While this form isn't required for financial aid processing or payment, it's essential for authorizing the release of financial aid details to specified parties, including parents, spouses, or designated individuals and agencies. This authorization solely pertains to financial aid matters and does not extend to academic or billing information, regardless of the party funding the student's education. This form cannot be completed by anyone other than the student.

## STATEMENT OF AUTHORIZATION

I understand that my educational and financial aid records are protected under the Family Educational Rights and Privacy Act (FERPA) and that the Office of Financial Aid at Millersville University does not release (under the provisions of FERPA) information from my records to anyone other than myself or an individual(s) I have designated in writing.

By completing this form, I authorize the Financial Aid Office at Millersville University to discuss information regarding all aspects of my financial aid, except for information pertaining to my academic progress.

I authorize information may be released in person, over the phone, or in writing to the individual(s) listed below.

I understand this release covers my entire academic record and I do not intend to revoke or modify this release by submitting a subsequent form, which I may do at any time.

I understand that the individual(s) and/or agencies that I have designated below must verify my date of birth and either my social security number or Millersville ID number before any information is released to them.

## AUTHORIZED PARTIES FOR FINANCIAL AID DISCLOSURE

**I do not want to release my information to anyone.** Only I should have access to my financial aid information.

I grant access to the following individuals, departments, and/or agencies:

List the full name of the person ___ department/agency to release info	Indicate each person's relationship to the student ___ The reason to release info to a department/agency	Is this a one-time request? Yes ___ No	If YES, specify a date for release to expire

## AGREEMENTS & SIGNATURES

STUDENT SIGNATURE

DATE