

Financial Aid Authorization to Release Information to a Third-Party

Student Name (First and Last) _____

UNI ID Number _____

Date _____

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent, except under limited circumstances. **Students may choose to allow the release of their education records to specific third parties by completing this form. All the sections below must be completed, and the student must sign and date this form.** Please note that while this form authorizes a University of Northern Iowa official to release education records to a third-party, it does not obligate the school official to do so. The University of Northern Iowa reserves the right to review and respond to requests for release of education records on a case-by-case basis.

SECTION A. Name of department that can release or discuss education records.	
University of Northern Iowa Office of Financial Aid & Scholarships	
SECTION B. Person/Organization/Agency to whom school official can release or discuss education records.	
Name:	Email:
Address:	4-digit passcode (ex. 1234): <i>The third party contacting our office must have this number to confirm they are the person referenced on this form.</i>
Phone:	Relationship to student:
SECTION C. Education records to be released as they pertain to financial aid (check all that apply).	
<input type="checkbox"/> Scholarships <input type="checkbox"/> Loan status <input type="checkbox"/> Billing/payment history <input type="checkbox"/> Satisfactory Academic Progress (SAP) <input type="checkbox"/> Grants <input type="checkbox"/> FAFSA/verification status <input type="checkbox"/> Enrollment <input type="checkbox"/> Grades	
SECTION D. Purpose of release (check <u>one</u>).	
<input type="checkbox"/> Third party communication (family, employer, etc.) <input type="checkbox"/> Other (please specify): _____	
SECTION E. Duration of release (check <u>one</u>).	
<input type="checkbox"/> One-time release: This authorization is valid for a one-time release only _____ (date) <input type="checkbox"/> Limited release: This release will remain in effect until _____ (date) <input type="checkbox"/> Authorize maximum release: This release will remain in effect for five years from the date signed.	
I hereby grant a University of Northern Iowa official permission to disclose the above noted information to the person/organization/agency listed above. I understand that this form authorizes a University of Northern Iowa official to disclose personally identifiable information from my educational record to this third party and I release this individual from any liability for acting in accordance herewith. I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time with a written revocation.	
Student's signature (must be handwritten) _____	Date _____

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.