

# FINANCIAL AID RELEASE FORM

Please Print Clearly

I, \_\_\_\_\_ SS# XXX-XX-\_\_\_\_\_  
Student First Name Last Name Last 4 Digits Only

\_\_\_\_\_  
Mailing Address City State Zip  
Phone # ( ) - Email: @

Hereby give the Delaware College of Art and Design Financial Aid Office permission to discuss, disclose, make available, and release my financial aid information and personally identifiable information without my further consent, and until further written notice to the following persons:

\_\_\_\_\_  
Name Last Name Relationship Phone # ( ) - First

\_\_\_\_\_  
Name Last Name Relationship Phone # ( ) - First

\_\_\_\_\_  
Name Last Name Relationship Phone # ( ) - First

This authorization shall be considered as a waiver of any and all rights and/or privileges as provided under the Family Educational Rights and privacy Act (FERPA), as amended. A photocopy or fax of this authorization shall be considered as valid as the originally signed document.

I also understand that I may cancel this permission by notifying the Financial Aid Office, **IN WRITING** that I wish to discontinue permission to any person previously named.

\_\_\_\_\_  
SIGNATURE Month Day Year

FERPA: The Family Educational Rights and Privacy Act, (FERPA) was signed into law by President Gerald Ford in November 1974; FERPA pertains to all areas of education institutions.