

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:

1. _____ () _____
First Name Last Name Relationship Phone #

Email @ _____

2. _____ () _____
First Name Last Name Relationship Phone #

Email @ _____

3. _____ () _____
First Name Last Name Relationship Phone #

Email @ _____

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.

By designating my email above, I consent to electronic (Email) transmission of my financial aid information from DCAD's Financial Aid Office.

I also understand that I may cancel this permission by notifying the Financial Aid Office, **IN WRITING** that I wish to discontinue permission to email me or release information to any person previously named on this release form.

Decline the release of my financial aid information to anyone besides myself.

SIGNATURE Month Day Year