

AUTHORIZATION FOR RELEASE OF FINANCIAL AID INFORMATION

Student's Name _____ Student ID Number _____

What is FERPA?

The Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, helps protect the privacy of student records. The Act provides for the right to inspect and review education records, the right to seek to amend those records, and to limit disclosure of information from the records. The Act applies to all institutions that are the recipients of federal funding.

Who is protected under FERPA?

Students who are currently enrolled in higher education institutions or formerly enrolled regardless of their age or status in regard to parental dependency.

CCA is thus forbidden by FERPA to give out information regarding a student's financial aid to anyone besides the student without his or her written permission. This includes a spouse or parent, **even if that person is paying part of the student's expenses**. In order to be able to release any information pertaining to a student's financial aid, we must have the student's signature on the authorization below.

AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with the Federal Privacy Act of 1974 and the Federal Financial Privacy Act of 1978, financial aid applicants must provide written authorization in order for the Financial Aid Office to disclose information to a third party (includes spouse and/or parents).

I authorize the CCA Financial Aid Office to release information regarding my financial aid to the following individual(s):

Name	Relationship to Student	Home Telephone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

If you leave this section blank, the Financial Aid Office will NOT discuss anything with regard to your financial aid with anyone other than yourself.

The Financial Aid Office has my permission to release personal information, including grades, required by external and internal scholarship donors.

CERTIFICATION & SIGNATURE

My signature below indicates that I (the student applicant) am authorizing the individuals listed above to have access to my financial aid information.

Student's Signature

Date