



Authorization to Release FAFSA and FERPA Protected Information - TEMPLATE

<Name of Scholarship Program>

Authorization to Release FAFSA and FERPA Protected Information

In order to determine eligibility, administer and award <NAME OF SCHOLARSHIP>, the <SCHOLARSHIP PROVIDER> needs information to be released to us by your college or university. This form authorizes your college or university to release this information to us.

The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords you certain rights regarding your education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties. This consent to release records to <SCHOLARSHIP PROVIDER> applies to such records that may otherwise be protected under FERPA.

Institutions may, pursuant to Consolidated Appropriations Act, 2018 [Public Law 115-141] and with explicit written consent from the student, share Free Application for Federal Student Aid (FAFSA) information with a scholarship-granting organization or tribal organization.

CONSENT TO RELEASE INFORMATION

For the purpose of administering my scholarship and in support of my academic success, I hereby authorize <COLLEGE NAME> to provide the staff, directors, associates, agents and representatives of <SCHOLARSHIP PROVIDER> with the following information:

- **Data collected from my Free Application for Federal Student Aid (FAFSA)**
- **Financial Aid Information** (financial aid award letters and notifications, grants, scholarships, other awards, student employment, loans, disbursements, eligibility)
- **Student Account Information** (bills, statements, charges, credits, balances, payments, past due amounts, collection activity)
- **Education Information** (grades, courses, credits, GPA, registration, student ID number, academic progress, enrollment status, attendance, communications with advisors and other college staff deemed relevant for the administration of my scholarship)

I understand and agree that this authorization will remain in effect until I notify <COLLEGE NAME> and <SCHOLARSHIP PROVIDER> in writing to revoke it.

My signature below is my explicit written consent for the disclosure of the above information by <COLLEGE NAME> to the staff, directors, associates, agents and representatives of <SCHOLARSHIP PROVIDER> upon their request.

Print Legal Name

Signature

Date

ONLY if the student is under the age of 18, their parent or legal guardian must also sign below.

My signature below is my explicit written consent for the disclosure of my legal minor son/daughter/legal dependent's above information by <COLLEGE NAME> to the staff, directors, associates, agents and representatives of <SCHOLARSHIP PROVIDER> upon their request.

Parent or Legal Guardian's full legal name

Parent or Legal Guardian's Signature

Date