

FERPA

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records may include, but are not limited to, financial aid, scholarship and fellowship, and student account/billing information (the "Information"). The Information will not be released to anyone other than the student without written consent from the student. By signing this form, the student authorizes university personnel to release the Information to the designated person(s).

Student Name: _____

University ID Number: _____

I authorize university personnel to discuss information for the purposes of understanding and meeting university related financial obligations with me (the student) as well as the person(s) listed on this form.

I understand that the person(s) listed on this form will have access via telephone, in person, mail, e-mail, or fax to the Information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.
- My university tuition billing account and statements, including credits and debits posted to that account and any refund amounts I may have received.
- My university Housing, Dining, Telecommunications, Bookstore, Cavalier Advantage and any other financial obligations, which may include amounts owed as well as amounts paid.

This authorization form does not allow the University to release specific academic information.

List of person(s) to whom **I am a dependent** for tax purposes, and to whom I am granting authorization to receive the above mentioned Information from representatives of the University of Virginia:

NAME **RELATIONSHIP**

List of person(s) to whom **I am not a dependent** for tax purposes, but to whom I am granting authorization to receive the above mentioned Information from representatives of the University of Virginia:

NAME **RELATIONSHIP**

I understand that anyone requesting information about my account must provide the full student identification number at the time they are making their request in order for any information to be released.

This authorization will be effective on July 1 of your entering year or the date that you sign this form, whichever is later.

This authorization will remain in effect until a new authorization form is received from the student. To add, delete or change authorized persons, you MUST complete a new form.

Student Signature: _____ Date: _____