



Consent to Release Student Financial Aid Information

Student Name:	Student ID#:
Address:	Date of Birth:
City, State, Zip Code	Phone Number:
Email Address:	

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 20 USC §123g and 34 CFR § 99, Carl Albert State College must obtain written consent before releasing the student’s financial aid records to a third party. **A “third party” is defined as any individual or agency who contacts our office on behalf of the student.** Students are advised to keep a copy of this consent form with their records.

My signature below gives consent and authorizes the staff of the Financial Aid Office at Carl Albert State College to release information concerning my financial aid application and its entirety to any third party that contacts the Financial Aid Office on my behalf unless I specify otherwise in the box below.

Only Release Information to:			
Name	Relationship	Phone #	Email

I understand that my written consent will remain in effect until I notify the Carl Albert State College Office of Financial Aid in writing, to cancel consent. Furthermore, my signature implies that I agree to the terms set forth by this form.

Student Signature

Date