

Name: \_\_\_\_\_ Last 4 numbers of Social Security: \_\_\_\_\_

*The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the confidentiality of student's records and requires the student's authorization if a third party wants to obtain protected information. Therefore, the student must sign this consent if he/she would like the Financial Aid Office to obtain necessary information needed to complete the Free Application for Federal Student Aid (FAFSA) process.*

I, \_\_\_\_\_ authorize  
to request and obtain the following information from  
institutions I was previously enrolled:

**Academic Information.**

This includes:

- Academic transcript
- Approved credits details
- Grades obtained
- GPA
- Student Academic Progress Status
- Enrollment Status

I understand that this authorization is voluntary. This authorization will remain in effect from the date it is signed. I can opt out at any moment by providing written notification to the Financial Aid Office.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month/Day/Year

**Copy of this document must be kept in the student's file.**