

Financial Aid Information Release Form

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, prohibits the Office of Financial Aid from releasing any student information without prior written consent of the student. Therefore, if you (the student) want the Office of Financial Aid to be able to discuss your financial aid award and/or status with any person(s) other than yourself, you must complete and return this Financial Aid Information Release Form to our office. Please be advised that information regarding details of Satisfactory Academic Progress will only be released to the student.

Student's authorization to release financial aid information

I, _____, authorize the Office of Financial Aid at Quinnipiac University, Frank H. Netter MD School of Medicine to release information regarding my financial aid and/or status to the following person(s):

Name of Person

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

I understand that this release of information will be in effect until I cease to be a student at Quinnipiac University, Frank H. Netter MD School of Medicine. I also understand that a signed and dated statement must be submitted to the Office of Financial Aid for this release of information to be changed for any party or parties previously authorized.

_____	_____
Student's signature	Date
_____	_____
Printed name	Student ID