

**2008-2009 PERMISSION FOR RELEASE OF
FINANCIAL AID & STUDENT ACCOUNTS INFORMATION**

In compliance with the Family Educational Rights and Privacy Act (FERPA), Aurora University requires your written consent each year before disclosing any financial aid information, including financial aid status, account balance, payments, registered hours, etc. Your consent to share this information may be withdrawn, in writing, at any time.

I, _____
Print Name Clearly

AU Student ID # _____, grant permission for Aurora University to discuss information from my financial records with the individual(s) (for example: parents, guardians, spouse, etc.) specified below.

This information may be released to:

_____ Name	_____ Name
_____ Address	_____ Address
_____ City/State/ZIP	_____ City/State/ZIP
_____ Telephone Number	_____ Telephone Number
_____ Relationship to Student	_____ Relationship to Student

Do not discuss my information with anyone.

Student's Signature

Date

Top Two Copies: Financial Aid Office

Bottom Copy: Student