



2006-2007 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 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 Your consent to share this information may be withdrawn, in writing, at any time.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

Student ID # _____, do hereby request that Aurora University release information from my financial aid records to 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 release my information to anyone.

Student's Signature

Date