

# Authorization and Request for Release of Financial Aid Records and Information



Student's Name \_\_\_\_\_ Banner ID \_\_\_\_\_

**The primary purpose of this document is to allow Student Enrollment and Financial Services to discuss your financial aid information with the person or persons you designate below. Examples would be your parents, siblings, agencies, or spouse.**

I (student), hereby authorize the John Carroll University Office of Student Enrollment and Financial Services to disclose, make available and release my financial aid records and personally identifiable information to the following individuals, organizations, agencies without any further consent, and until further notice:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

This authorization shall be considered as a waiver of any and all rights and/or privileges as provided under the Family Education Rights and Privacy Act (FERPA) as amended. A photocopy or faxed copy of this authorization shall be considered as valid as the originally signed document.

**The code needed to access you records will be the last 4 digits of your Social Security number, please make sure you give this information to the person(s) listed above.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's email address