



AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 are designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship and billing/account information, and **will not be released without written consent from the student.** By signing this form, the student authorizes University personnel to release confidential information to designated person(s).

Student Name (Please Print): _____

Address _____ City _____ State _____ Zip _____

EKU ID: _____

I authorize the Offices of Student Financial Assistance and Student Accounting Services on any campus of Eastern Kentucky University to discuss confidential account information for the purposes of understanding and meeting University related financial obligations with the person(s) listed on this form.

I understand that the person(s) listed on this form will have access via telephone, in person, or by U.S. and electronic mail to information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.
- My student account and statements, including credits and debts posted to that account and any refund amounts I may have received.
- My housing and dining account, which may include amounts owed as well as amounts paid.
- Any other unpaid bills that are owed to the University.

This authorization form does not allow the university to release specific academic information.

Name(s) of people to release information to: (Please Print)

Name _____

Address _____ City _____ State _____ Zip _____

Name _____

Address _____ City _____ State _____ Zip _____

Authorization Password (Please Print): _____

(Please limit the password to one printed word. The authorized person(s) will be expected to know this password.)

This authorization will remain in effect until revoked in writing by the student to the ECU Student Financial Aid Office.

Student Signature: _____ Date: _____

Please return to: Division of Student Financial Assistance
SSB CPO 59
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3159 FAX: **859.622.2019**