AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION

_______________________________________          _____________________
Student Name  (Please Print)     Holy Family ID #

The Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy rights of student educational records that are not considered “directory” information. Information may not be released to a third party (parents, spouse, siblings, etc) without written consent of the student. The complete privacy policy can be found in the Holy Family University catalog, which is available at www.holyfamily.edu.

INFORMATION TO BE RELEASED BY THE FINANCIAL AID OFFICE:

_____ Financial Aid, which includes eligibility and types of aid awarded. (This does not include billing charges or refunds which are handled through the Business Office. You may contact them at 267-341-3202 to inquire about their consent form.)

_____ Academic Progress relating to possible loss of Financial Aid, which includes loans, grants and scholarships, due to GPA or number of credits earned.

INDIVIDUALS AUTHORIZED TO DISCUSS FINANCIAL AID:

______________________________________                    _________________________
Name                           Relationship

______________________________________                    _________________________
Name               Relationship

The consent form will be held in the student’s file by the Financial Aid Office. At any time I (the student) may rescind the authorization by notifying the Financial Aid Office in writing. I also understand the authorization is only valid while I am an enrolled student.

_______________________________________         __________________________
Student’s Signature            Date

Return completed form to the address or fax number at the top of this form. Contact us at the phone number or email address above with any questions that you might have.