

Office of Student Financial Services 601 Quincy Street Hancock, MI 49930

Financial Aid: 906-487-7261 or 906-487-7240

Student Accounts: 906-487-7210

Date

FERPA - Consent for Student Release of Information Form

of a stu aid and the stu the Of	mily Educational Rights and Privacy Act (FERPA) of udent's educational record that are not considered is student account records which are considered condent, except to the extent that FERPA authorizes fice of Student Financial Services at Finlandia University all information not excluded by FERPA laws.	d 'directory' infor onfidential and w disclosure witho	rmation. Educational rovill not be released with ut consent. For this rea	ecords include financial nout written consent from son, it is necessary for	
author record	n accordance with the Federal Education Rights and Privacy Act, I, the undersigned, authorize the release of my financial information to the individuals named below. This release only pertains to my financial records and does not allow the individuals named below, access to information from any other department or office except f it impacts financial aid eligibility and charges.				
this da	to waive my rights under FERPA and allow the belo te and until revoked in writing to the Office of Stud pdated form.	•			
Name		Relationship			
Name		Relationship			
Name		Relationship			
Name		Relationship			
	Student Signature		 Date		
	n calls are received by our office, we are unable to e student ID number or social security number to b		· ·	tifiers. Callers must	
	By checking this box, I authorize Finlandia University Services Program on our campus to determine eligible Services Program, please contact Terri Olsen at 90	gibility. For more	e information regarding	the TRiO Student Support	

Student Signature