

Authorization of Release of Financial Aid/Academic Information

The Family Education Rights and Privacy Act (FERPA) prohibits institutions from releasing student information to anyone other than those designated by the student without the student's consent.

In order for Finlandia University's Financial Aid office and/or Registrar's office to release information regarding your Financial Aid awards, Academic Transcripts, or Billing information to a third party, we require your written authorization for our records.

Please sign and return this form to Finlandia University's Financial Aid or Registrar's office via email, mail, or fax. I _____ authorize Finlandia University to release my academic (Print Name) transcripts, federal, state, and institutional financial aid and billing information as well as personally identifiable information to the below listed third party. I certify that by signing this form I am of the understanding that my academic transcripts, financial aid and billing information will be shared with the third party organization(s) designated, and may only be used for the purposes of applying for admission and/or receiving financial assistance from the third party receiving the information. I understand that this authorization will remain in effect until I submit the necessary changes, in writing, to Finlandia University's Financial Aid and/or Registrar office. Release of information should include: ☐ _____ Semester ☐ _____ Academic year ☐ Entire Financial Aid/ Billing record ☐ Entire Academic Record Name and contact information of Third Party to release information to: Student Signature: Student ID # Date: