

Banner ID \_\_\_\_\_

Student Phone: \_\_\_\_\_

Name \_\_\_\_\_

Other/Parent Phone: \_\_\_\_\_

**2026-2027 Consent Form Authorizing Financial Aid Disclosure**

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that gives students certain legal rights regarding the confidentiality of their educational records. Records created and maintained by the financial aid office are considered to be education records and may not be disclosed to other individuals, including parents, without the student's express written consent. Educational records include any materials received from the student and/or parents. It also includes any records that were used to make decisions about the student.

If you, the student, would like to authorize the sharing of your financial aid information with someone else, please complete the form below and hand deliver it to the Financial Aid Office. You are required to bring Photo ID with you (e.g. college id; driver's license; enhanced driver's license; passport, etc.).

Individual(s) to release information to:

Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship to student \_\_\_\_\_

I consent to the disclosure of any personal information from my financial aid records to the individual(s) named above. This authorization will remain in effect throughout the **2026-2027** Academic Year unless I supply the Financial Aid Office with a written notice of cancellation.

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

Date \_\_\_\_\_

**Financial Aid Office Use Only**

Approver's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Photo ID:** (photocopy attached)☐ Driver's License☐ BSC Student ID☐ Other: \_\_\_\_\_