FERPA Waiver - Student Consent to Release Financial Aid Information

Student Name (please print) _______________________________ Student ID (if known) _______________________________

Under the Family Educational Rights and Privacy Act (FERPA), the Office of Financial Aid at Scripps College cannot release non-directory student financial records to a third party unless the student has given written permission to do so. By completing the form below, you may authorize Scripps College to release confidential information to a specific individual or organization. This release only pertains to financial aid records and does not allow the third-party individual/organization to access information from other departments. You may revoke any portion of this authorization at any time by providing written notice to the Office of Financial Aid.

1. Authorization

I authorize the following individual/organization to access my financial aid information:

__________________________________________________________________________  ______________________________________________________________________
Authorized Person/Organization Relationship to Student

I authorize release of the following record(s):

☐ Financial aid package & Estimated Family Contribution (EFC)
☐ Financial aid documents & requirements
☐ Satisfactory Academic Progress (i.e. grades, GPA, pace)
☐ Student’s income & asset information
☐ Custodial household’s income & asset information

__________________________________________________________________________
Custodial Parent Signature

__________________________________________________________________________
Print Name & Date

☐ Noncustodial household’s income & asset information

__________________________________________________________________________
Noncustodial Parent Signature

__________________________________________________________________________
Print Name & Date

2. Certification

I waive my rights under FERPA and allow the above-named person to access the specified financial aid records, effective as of this date and until revoked in writing to the Office of Financial Aid.

Student Signature ___________________________________________ Date ____________________________