



FERPA (Family Educational Rights & Privacy Act) Information Release Consent Form

RETURN THIS FORM TO: Multnomah University Financial Aid Office | 8435 NE Glisan Street | Portland, OR 97220
Phone: 503.251.5335 | Fax: 503.445.5199 | Email: finaid@multnomah.edu

What is the purpose of this form?

The Family Educational Rights & Privacy Act of 1974 as amended, and more commonly known as the Buckley Amendment and contained in the *Code of Federal Regulations (34 CFR 99, subpart D99.30)*, requires a written and dated consent of a student (who is at least 18 years old) before disclosing personally identifiable information from the student's educational records to a third party.

SECTION 1) STUDENT INFORMATION

STUDENT NAME:

STUDENT ID:

SECTION 2) AUTHORIZATION FOR DISCLOSURE

I authorize Multnomah University to release information regarding my account as indicated below. This information includes: Federal and institutional financial aid applications, supporting documentation, and award information. Account balance, charges and credits, payment plan, third party sponsorship, 1098-T, receipt requests, or questions regarding financial account record.

Please list the specific information you would like released for each person you wish to authorize. The(se) individual(s) will need to supply your name and social security number before information will be released.

NAME 1)

RELATIONSHIP:

NAME 2)

RELATIONSHIP:

NAME 3)

RELATIONSHIP:

Of the people listed above, I would like my financial statements sent to:

NAME)

PHONE:

BY MAIL: ADDRESS:

BY EMAIL:

SECTION 3) STUDENT SIGNATURE

I understand that my decision for the release (or non-release) of financial information is voluntary and will be valid during my entire enrollment at Multnomah University. I understand that I must complete a new form in order to add or remove anyone from the list above. I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

STUDENT SIGNATURE:

DATE:

