



Parental Affidavit for Release of Financial/Personal Information

TO: Financial Aid Administrator

FROM: _____ (Telephone #)

(Street Address) (City) (State) (Zip)

Under Federal legislation, the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my financial records cannot be released to my child without my written consent.

I, therefore, request that the information listed below be released to my child: (e.g. 2017 Tax Return Transcripts)

- 1. _____
- 2. _____
- 3. _____

Release my information to:

(Student's Name) (Telephone #)

(Street Address) (City) (State) (Zip)

Parent's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Student's EMPLID#: _____