

# Student Release Authorization 2024-2025

## University of Rochester Financial Aid Office

In accordance with the Higher Education Act (HEA) and the Family Education Rights and Privacy Act (FERPA) of 1974 as amended, students must provide written consent if they would like the University of Rochester to share information with parents, spouses, scholarship organizations, or any other individual or groups of individuals for the purpose of applying for financial aid for any component of their Cost of Attendance. By completing and submitting this form, you are authorizing University of Rochester staff to discuss and/or share the details of your financial records with whomever you designate below.

This authorization will remain in effect until revoked in writing. The submission of this form voids all previously submitted release forms.

### SECTION A:

Student Name

UR Student ID

### SECTION B:

Be sure to list each individual/organization that you are allowing our staff to share details about your financial aid.

I hereby authorize the release and/or discussion of information regarding my financial records to the following:

Print Name of Individual/Organization

Date of Birth (if applicable)

Zip Code

Print Name of Individual/Organization

Date of Birth (if applicable)

Zip Code

### SECTION C:

Please indicate what type of record(s) you are authorizing disclosure of. Select all that apply.

- ☐ FAFSA data, including my Student Aid Index (SAI) and Federal Pell Grant eligibility
- ☐ Federal Tax Information (FTI)
- ☐ Institutional financial aid data, including my Expected Family Contribution (EFC) and financial aid awards
- ☐ Academic data, including Satisfactory Academic Progress (SAP) status
- ☐ Billing information, including any past and/or current due balance

### SECTION D:

Please describe what purpose(s) the disclosure will be used for (e.g. scholarship application, income verification).

Purpose(s) of disclosure: \_\_\_\_\_

### SECTION E:

I understand that it is my responsibility to reach out and update this form if I ever want to remove an approved individual/organization from this list. I also understand that this disclosure includes tax information governed by Title 26, Section 6103(1)(13) and can only be used for the purpose(s) stated above.

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

Date: \_\_\_\_\_

*Copies of this form should be retained by all individuals/organizations whose names appear above as well as you, the student.*

[www.rochester.edu/financial-aid](http://www.rochester.edu/financial-aid)

Financial Aid Office, Box 270261, Rochester, NY 14627

Phone: 585.275.3226 Fax: 585.756.7664 Email: [finaid@rochester.edu](mailto:finaid@rochester.edu)