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## Office of Financial Aid and Scholarships

Student Services Building, East Wing 600 Lincoln Avenue Charleston, Illinois 61920-3099

Office: 217-581-6405 217-581-6422 Fax:

## 2018-2019 Academic Year

# A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED WITH THIS COMPLETED FORM.

#### RELEASE OF CONFIDENTIAL STUDENT RECORD INFORMATION

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20.U.S.C. 1232g), also known as the Buckley Amendment, the Office of Financial Aid is prohibited from releasing information concerning a student's financial aid, student account status, and all financial records without written consent of the student.

If you would like the Office of Financial Aid to discuss your financial aid, student account status, and all financial records with persons or agencies that are not covered under this law, please complete and sign this Release of Confidential Student Record Information form.

### Student's Authorization to Release Financial Information

Person/Organization Name	F	Relationship
understand that this release will be in effect a voke this privilege, whichever comes first. To lease of information is no longer given to the	o revoke this privilege, I must pre	ovide a written statement indicating
voke this privilege, whichever comes first. To	o revoke this privilege, I must pre	ovide a written statement indicating