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Student ID # Last Name First Name

Office of Financial Aid and Scholarships

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

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

2016-2017 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

I, _____ (please print), authorize the Office of Financial Aid at Eastern Illinois University to release any and all information concerning my financial aid and all financial records to the following persons and organizations. I understand that this release will be in effect through August 31, 2017.

Person/Organization Name	Relationship
_____	_____
_____	_____
_____	_____

I understand that this release will be in effect and honored until August 31, 2016, or until such time that I personally revoke this privilege, whichever comes first. To revoke this privilege, I must provide a written statement indicating the release of information is no longer given to the parties previously granted permission.

_____ _____
Student Signature Date

_____ Employee Initials _____ RRAAREQ _____ RHACOMM

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