

Person/Organization Name

Please verify/copy ID and code word before signing

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

2018-2019 Academic Year

YOU MUST PRESENT THIS FORM, ALONG WITH YOUR PHOTO ID, IN PERSON TO THE FINANCIAL AID OFFICE.

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.

I, _______ (please print), authorize the Office of Financial Aid at Eastern Illinois University to release all information concerning my financial aid, student account billing, and financial records, with the exception of academic information, such as Satisfactory Academic Progress status, to the following persons and organizations. I understand that dollar amounts cannot be released over the phone or email per Office of Financial Aid policy. I also understand that any parent financial information CANNOT, under any circumstances, be released to a parent not listed on my FAFSA application.

Relationship

RRAAREQ

RHACOMM

Rev.10/17/17

understand that this release will be in effect and honored until August 31, 2019, or until such time that I personally evoke this privilege, whichever comes first. To revoke this privilege, I must provide a written statement indicating the elease of information is no longer given to the parties previously granted permission.		
To utilize this release, my parent (or		ation) must present in person to the Office of
Financial Aid with photo identification parent or other authorized person is		

Employee Signature