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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

2020-2021 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.

Student's Authorization to Release Financial Information

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.

Person/Organization Name	**Relationship**
_____	_____
_____	_____

I understand that this release will be in effect and honored until August 31, 2021, 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.

To utilize this release, my parent (or other approved person/organization) must present in person to the Office of Financial Aid with photo identification. The information can only be released over the phone or email if the parent or other authorized person is able to provide your security code word. (see below)

_____ _____ _____
Student Signature Date Security Code Word

_____ Employee Signature _____ RRAAREQ _____ RHACOMM
Please verify/copy ID and code word before signing *Rev.10/17/17*