

PAINE COLLEGE

Office of Financial Aid
1235 Fifteenth Street Augusta, GA 30901-3182

Telephone: 706-821-8262 1-800-476-7703
Fax: 706-821-8691

2016-2017
AUTHORIZATION FOR RELEASE OF STUDENT RECORD INFORMATION

The financial information on your student account is confidential and protected by the *Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232(g), regulations 34 CFR Part 99.* Paine College cannot disclose personally identifiable information to a third party; this includes your parents, spouse, sponsor, etc. without your written authorization. This form will permit the Financial Aid Office to release specific information (*financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status*) about you to the person(s) you designate.

PLEASE PRINT OR TYPE:

Student Name _____
Student Social Security Number

I authorize the Paine College Financial Aid Office to release information to the following (do not list yourself):

1. _____
Last Name First Name Middle

Month/Year of Birth Last 4-digits of SSN Relationship to Student

2. _____
Last Name First Name Middle

Month/Year of Birth Last 4-digits of SSN Relationship to Student

3. _____
Last Name First Name Middle

Month/Year of Birth Last 4-digits of SSN Relationship to Student

*** To confirm the identity of the above person(s) authorized to receive the student financial information, Paine College employees will not release information if the month/year of birth and the last 4-digits of the SSN is not provided.**

I understand that this authorization will remain in effect from the date the Financial Aid Office notes receipt of this form until the last day of Summer Semester 2016, unless I provide the Financial Aid Office with a written cancellation notice.

Student Signature _____
Date