

**AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION**  
**Individual Release**

Under provision of the Family Educational Rights and Privacy Act of 1974 (FERPA) and the U.S. Department of Education, students' rights to privacy are protected. The exception to the Privacy Act is: information may be given to the parent(s) of the student provided his or her financial information is a part of the Free Application for Federal Student Aid (FAFSA). Federal regulations prohibit us from releasing information to a parent if the student is independent unless the student grants permission to do so. In a case of separation or divorce, if a parent or stepparent calls and his or her information is NOT a part of the FAFSA, we may NOT release information to them. **In order to protect the privacy of your information, we are enforcing a policy, whereby absolutely no information will be given out, to you, the student, or to a parent, unless we can identify with whom we are speaking.**

Therefore, it is imperative you complete the information listed below so we may know when we are talking to your parent(s), legal guardian, spouse, etc., that it is either their information listed in the FAFSA or we have your permission to discuss your financial aid situation with them. We ask, for the protection of your information, you indicate any individual who may NOT have access to your information. Within the institution other campus offices may be given information for the purpose of awarding scholarships, grants or the paying of your student account. However, income and asset information will not be disclosed.

Please Print Clearly

I, \_\_\_\_\_, authorize the staff of the Financial Aid Office at Northpoint Bible College to release my financial aid information to the individual(s) listed below:

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Relationship to Student (Father, Mother, etc.)

\_\_\_\_\_  
Relationship to Student (Father, Mother, etc.)

Please note that my parents are separated/divorced and you may **NOT** release information to:

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Relationship to Student (Father, Mother)

\_\_\_\_\_  
Relationship to Student

**In order that we may properly *identify* you over the phone, please complete the following information:**

Student's SS# Last Four Digits XXX-XX-\_\_\_\_ \_

Mother's Maiden Name: \_\_\_\_\_

The authorization of this release of financial aid information will continue until I revoke this authorization in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date