

**Financial Information Release**

As an academic institution, St. Thomas Aquinas College operates in accordance with the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law designed to protect the privacy of a student's educational records. This law provides guidelines that we must abide by regarding the appropriate use and release of a student's records.

Within the guidelines of FERPA, we recognize and respect the role of the parent, spouse and/or other individuals in a student's life, especially as it pertains to a student's financial information. The Office of Admissions & Financial Aid can allow the legal release of **STUDENT ACCOUNT and FINANCIAL AID** information to another specified individual upon written and verifiable consent of the student.

**Only upon receipt of this form** will the Office of Admissions & Financial Aid personnel discuss a student's account and financial aid information with the person(s) named below. The form dated most recent is considered the most accurate if contradictory forms are received. This form is required to be filled out by the student every year in order to release information.

***Please complete the following:***

I hereby grant permission to the personnel of the Office of Admissions & Financial Aid of St. Thomas Aquinas College to discuss my financial information, including financial aid and student accounts, with the following people:

Name of person to be added to account: \_\_\_\_\_

Date of birth (mm/dd/yyyy) of the above listed person: \_\_\_\_\_

Name of person to be added to account: \_\_\_\_\_

Date of birth (mm/dd/yyyy) of the above listed person: \_\_\_\_\_

***All information requested below is required for processing:***

I, \_\_\_\_\_ (student's name) understand the following:

This completed form only allows the discussion of financial information. The maintenance of the student's account and financial aid information is the student's responsibility. If this form is not on file with the Office of Admissions & Financial Aid, no account or financial aid information will be given out to anyone other than the student.

Signature of Student: \_\_\_\_\_

**Please complete, print, sign and MAIL or FAX to the address or fax number at the top of form.**

*For Office Use only*

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_