



Financial Aid Office  
 Humboldt State University  
 Arcata, CA 95521  
 (707) 826-4321 FAX (707) 826-5360  
[www.humboldt.edu/~finaid/](http://www.humboldt.edu/~finaid/)

## Consent to Release Financial Aid Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law which prohibits the disclosure of a student's educational record, including financial aid information, without written consent of the student. **By signing this authorization, you consent to have Humboldt State University Financial Aid Office (FAO) personnel disclose information you specify to person(s) listed below for the purpose indicated. This release does not carry over to future aid years and must be reauthorized each aid year; it may be rescinded at any time by notifying the FAO in writing.**

### PURPOSE OF RELEASE

1. Share information to assist in applying for and maintaining HSU student aid.  
 2. Other (specify): \_\_\_\_\_.

### WHAT INFORMATION TO RELEASE

I hereby authorize FAO personnel to disclose the following information related to my student financial aid record. **Please check any item(s) you wish released:**

1. **Document requirements; eligibility status** (FAO does not release parental information)  
 2. **Aid award:** Amount & types of aid; deadlines; revisions; requirements  
 3. **Aid disbursement:** Including university charges, credits and debits *related to student aid receipt*; this may include fees, tuition and housing charges & payments  
 4. **Satisfactory Academic Progress** (FAO does not release grades or other academic information)  
 5. **Financial Aid Holds**  
 6. **Other** (specify) \_\_\_\_\_

### TO WHOM IT MAY BE RELEASED

Disclose information as specified above to the following party/parties: FAO will confirm with authorized party their name, relationship and identifier before releasing information.

1. **Print Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
 Identifier: Last 4 digits Social Security Number XXX-XX-\_\_\_\_\_  
 2. **Print Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
 Identifier: Last 4 digits Social Security Number XXX-XX-\_\_\_\_\_

**CERTIFICATION** (Sign in ink): I understand that my responses to the above will remain in place for the \_\_\_\_\_ academic year while attending HSU, unless I submit a written notice of change.

Student Name \_\_\_\_\_ HSU ID # or SSN \_\_\_\_\_  
 (PRINT)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Coded by/Date \_\_\_\_\_ Documents sent: \_\_\_\_\_