



Student Consent to Release Financial Aid and Scholarship Information

Student Name: _____

UO ID: _____

The University of Oregon (UO) is committed to the privacy and security of our students. Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the University shall not disclose personally identifiable information contained in the student’s education records without the student’s written consent, except to the extent authorized. The complete UO Student Records Privacy Policy is available at the following webpage: <https://registrar.uoregon.edu/records-privacy>

Students may grant a third party (e.g. parent, spouse, etc.) permission to access their financial aid and scholarship information if the release is for the purpose of the application, awarding, disbursement, or administration of the federal, state, or institutional financial aid programs.

Section A – FERPA Release of Financial Aid and Scholarship Information (Please print clearly)

*Please note this consent only permits the disclosure of records maintained in the Office of Student Financial Aid and Scholarships (OSFAS). As such, records maintained in other offices will not be disclosed as a result of this authorization. For example, **this consent does not include disclosure of student grades or student billing information**, among other records not maintained by OSFAS. Additionally, this release is **not for outside agencies** for the purpose of awarding their own financial assistance. Finally, this consent does not permit a third party to take action on a student’s behalf.

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| 1. The purpose of this release is to grant a third party (e.g. parent, spouse, etc.) permission to access my financial aid and scholarship information. Specifically, for the application, awarding, disbursement, or administration of the federal, state, or institutional financial aid programs. | |
| 2. In accordance with state and federal laws, I hereby consent to the release of (check one) : | |
| <input type="checkbox"/> All of my records maintained by the Office of Student Financial Aid and Scholarships | |
| OR | |
| <input type="checkbox"/> The portion of my records maintained by the Office of Student Financial Aid and Scholarships described below: _____ _____ | |
| 3. Person(s) to whom disclosure of financial aid and scholarship information may be made to (list below) : | |
| Full Name (First, MI, Last) | Relationship to Student |
| | |
| | |

Section B – Student Authorization and Signature

By signing below I understand this consent will remain valid until revoked, which can be done at any time in writing by the student with the Office of Student Financial Aid and Scholarships.

Student Signature

Date

Office of Student Financial Aid and Scholarships
1278 University of Oregon, Eugene OR 97403-1278

Phone: 541-346-3221 | Fax: 541-346-1175 | Email: financialaid@uoregon.edu | financialaid.uoregon.edu