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.

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.

2. In accordance with state and federal laws, I hereby consent to the release of (check one):

   [ ] All of my records maintained by the Office of Student Financial Aid and Scholarships

   OR

   [ ] 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:

   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