



Office of Financial Aid Consent to Release Student Information

Students wishing to give consent to release information to a parent or other third party, including third party organizations, must complete and return this form to the Office of Financial Aid.

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law designed to protect the privacy of a student’s education records. All schools, including WPU, receiving funds under an applicable program of the U.S. Department of Education must comply with FERPA. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties. This restriction applies but is not limited to your parents and/or step-parents, your siblings, your spouse, or a sponsor. For further information on FERPA, see <https://peace.edu/academics/academic-resources/office-of-the-registrar/privacy-rights-of-students-and-parents/>

Schools are also limited by federal law in how FAFSA information can be used. Schools may share a student’s FAFSA information with scholarship-granting or tribal organizations only with the student’s written consent. However, WPU may be prohibited from sharing FAFSA data with other third-party organizations, even where the student has given written consent.

Students may grant Financial Aid permission to release information to a third party by submitting this consent form. You must identify each individual person/organization to whom you wish to give access to your information. The information will then be made available only if it is specifically requested by the authorized third party and permissible under law.

Please complete the following only if you want another person/organization to have access to information related to your federal, state and/or institutional financial aid awards.

By signing this form, I give permission to WPU’s Office of Financial Aid to release information regarding my financial aid awards and student account information to the following individuals and/or organizations listed below. I understand that this authorization will be effective until I revoke it in writing.

Student’s Name _____ Student ID # _____
(Please Print)

Student’s Signature _____ Date _____

Authorized Person/Organization (Please print)	Relationship to student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____