



# EMPORIA STATE UNIVERSITY™

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OFFICE OF STUDENT FINANCIAL AID  
AND SCHOLARSHIPS  
Campus Box 4038

## INFORMATION RELEASE FORM

The financial and non-directory information maintained by Emporia State University is confidential and protected by the Family Educational Rights & Privacy Act (FERPA), 20 U.S.C. 1232(g); 34CFR part 99. The University cannot release certain information to a third party without your written consent. This form will allow the Office of Student Financial Aid and Scholarships to release certain information about you.

Student Name (Please Print)

Student ID #

I authorize Emporia State University to release information to the individual(s) named below concerning my federal aid application and/or eligibility for the for the purpose of assisting me with the financial aid process.

Name/Relationship

Name/Relationship

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Birth Date & Place of Birth

Birth Date & Place of Birth

I understand this authorization will remain in effect until the time I request in writing to rescind this order. To cancel this authorization, send a written notice to the Office of Student Financial Aid and Scholarships at the address listed above.

Student Signature

Witness Signature

Date

Date

THIS FORM MUST BE NOTARIZED IF NOT SIGNED IN PERSON

State: \_\_\_\_\_

County: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,

- who is personally known to me to be the signer of the above instrument.
- whose identity I proved on the basis of \_\_\_\_\_ to be the signer of the above instrument.

Notary Public: \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_