EMPORIA STATE Information Release Form General IVER

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FINANCIAL AID, SCHOLARSHIPS & VETERANS SERVICES

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); 34CFT part 99. The University cannot release certain information to a third party without your written consent. This form will allow the Office of Financial Aid, Scholarships, & Veterans Services to release certain information about you. Student Name (Please Print) Student ID # I authorize Emporia State University to release information to the individual(s) or organization named below concerning my federal aid application, including veterans benefits (if applicable), and/or eligibility for the purpose of: Name/Organization Address Phone City, State, Zip Code Student Signature Witness Signature Date Date THIS FORM MUST BE NOTARIZED IF NOT SIGNED IN PERSON State: County: _____ personally appeared before me, On this _____, 20____, ___ 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: