

EMPORIA STATE UNIVERSITY

FINANCIAL AID, SCHOLARSHIPS, & VETERANS SERVICES

Information Release Form

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415
Phone: (620) 341-5457 or 1-800-896-0567 Fax: (620) 341-6088
finaid@emporia.edu

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) named below concerning my federal aid application, including veterans benefits (if applicable), 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

Email Address

Email Address

Pet's Name / First Elementary School

Pet's Name / First Elementary School

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 Financial Aid, Scholarships, & Veterans Services 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: _____