

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

 City, State, Zip Code

 Phone

 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: _____