

The Financial Aid / Student Accounts Office FERPA Release Form

PERMISSION FOR RELEASE OF FINANCIAL INFORMATION

(NOTE: This form does not grant access to the student's Admission's, Registration or Academic Records)

Requested by:			
	Student's name	Student ID#	Date
Release to:			
Check	Recipient Name here to use this address as the alternate BILLING	Relationship to Student rate BILLING ADDRESS if address is different than student's	
	Recipient Address	City, State, Zip	
	Recipient Contact Phone	Recipient email	
elease to:			
	Recipient Name	Relationship to St	udent
	Recipient Address	City, State, Zip	
	Recipient Contact Phone	Recipient email	
writing, the Fir eleased or ob	noose to revoke this authorization during my enronancial Aid/Student Accounts Offices at Pratt Mutained will be limited to billing and financial aid; does not allow my designees access to my acade ance thereof.	unson. I further acknowledge and that this consent is give	e that the informatio in of my own free wil
signature of St	cudent	 Date	
ignature of Witness (other than recipients named above)		Date	
Print Witness I	Name		
-1			
	be completed only if revoke an authorization for release of information for release of information for release of informatic formation for release of information for rel	-	