

**Authorization and Request for
Release of Financial Aid Records and Information**

Return to: Financial Aid Office
 Ashland University
 401 College Avenue
 Ashland, OH 44805

NOTE: The primary purpose of this document is to allow the Financial Aid Office to discuss your financial aid information with your parents or spouse.

I (student), hereby, authorize the Ashland University Financial Aid Office to disclose, make available and release my financial aid records and personally identifiable information to the following individuals, organizations, agencies without any further consent, and until further notice:

Name/Relationship

Name/Relationship

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy or fax of this authorization shall be considered as valid as the originally signed document.

Student's Name (please print)

Student's Social Security Number

Student's Signature

Date