



**2008-2009**  
**F.E.R.P.A.**  
(Federal Education Right and Privacy Act)  
**Information Release Consent Form**

**PURPOSE**

The Family Education Rights and Privacy Act of 1976 as amended (more commonly known as the Buckley Amendment) and contained in the Code of Federal Regulations (34 CFR 99, subpart D99.30) requires a written and dated consent of the student before disclosing personally identifiable information from the student's educational records to a third party. This FERPA replaces all previously submitted Financial Aid FERPA forms.

**BASIC INFORMATION**


Student Name \_\_\_\_\_ Biola ID# \_\_\_\_\_  
Student Social Security # \_\_\_\_\_

Please read, choose, and complete option A OR B.

**OPTION A:**

**Information Release Consent**

I give my permission to release any and all financial aid information at Biola University only to the following people. I understand that these individuals will need to supply my name and student I.D. number or social security number before the information will be released to them.


 Note: Checking the "Information Release Consent" box on this signed form must be completed and on file before any information from the student's financial aid records will be released to a third party (e.g. parent, spouse, friend, lawyer, pastor, etc.)

|                            |              |
|----------------------------|--------------|
| _____                      | _____        |
| Name (First, Middle, Last) | Relationship |
| _____                      | _____        |
| Name (First, Middle, Last) | Relationship |
| _____                      | _____        |
| Name (First, Middle, Last) | Relationship |
| _____                      | _____        |
| Name (First, Middle, Last) | Relationship |

**OPTION B:**

**Confidentiality Statement**

I do not wish to have my financial aid information released to anyone but myself.

 Note: Checking the "Confidentiality Statement" box on this signed form will restrict the Financial Aid Office of Biola University from releasing any financial aid information regarding the student to a third party (e.g. parent, spouse, friend, lawyer, pastor, etc.)

**STUDENT'S SIGNATURE:**

I understand that my decision for the release or non-release of financial aid information will be valid during my entire enrollment at Biola University or until I rescind my decision in writing.

Student Signature \_\_\_\_\_ (Required of all applicants) Date \_\_\_\_\_