

FINANCIAL AID OFFICE

2012-2013 Student Consent to Release Financial Records F.E.R.P.A./Buckley Amendment

Completion of this form is NOT required to be eligible for financial aid.

Use this form ONLY if you want the named individual(s) to be able to inquire about your financial aid on your behalf. Examples would be your parents or spouse. You, the student, must make requests for changes to your financial aid eligibility and awards in writing.

Pursuant to the Family Educational Rights and Privacy Act of 1974,

I, _____, _____
Print your name as it appears on college records Last four digits of SS#

hereby consent to the release by Columbia University School of Nursing of the information concerning my financial aid and financial aid obligations with the school of nursing.

Parties to whom such records may be released:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent.

This consent is valid until June 30, 2013 unless I amend or rescind in writing prior to this date.

Signature of Student Date

For further information go to <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Return this form to the Financial Aid Office.