



Student Account and Financial Aid Offices

414 N Meridian #6129
Newberg OR 97132
503-554-2300

CONSENT FOR STUDENT RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information.

Include ALL persons to be authorized. Submission of this form revokes all prior authorizations excluding Guarantor(s). To remove a Guarantor(s) contact Student Accounts for instructions.

Name Relationship SSN Last 4 / Code Word*

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Name Relationship SSN Last 4 / Code Word*

The names and relationships above are intentionally blank.

In accordance with the Federal Education Rights and Privacy Act, I, I authorize the release of my financial information to the individuals named above.

I also understand that regardless of who helps me financially, I, the student, am responsible for all costs associated with my enrollment and that failure to make payments when due will result in a one percent late payment fee.

Student Signature

Student ID Number

Date

*The above authorized person(s) must provide the student's ID number and the SSN Last 4/Code Word indicated on this form.