



100 Student Services, One Campus Dr., Allendale, MI 49401
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2018-2019 Release of Information

The Family Educational Rights and Privacy Act of 1974 provides that the release of education records (or personally identifiable information therein, except for public directory information) without the written consent of the student and parent(s) listed on the FAFSA will NOT be made.

In order for the Office of Financial Aid & Scholarships to comply with this law, please provide the information requested below and sign this request form.

Student Name: _____ **Student ID Number:** G_____

Email: _____ **Phone Number:** _____

Information to be released:

Financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.

I am authorizing information to be released to the following person(s):

Full Name	Relationship

I am authorizing information to be released to the following agency:

Agency Name	Address	
	Phone Number	Fax Number
Agency Name	Address	
	Phone Number	Fax Number

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Required if student is dependent)

Please return your completed form to the Office of Financial Aid & Scholarships by email, fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.