

## FINANCIAL AID RELEASE FORM

Please Print Clearly, Sign and Return to Financial Aid Office

I, \_\_\_\_\_ SS# \_\_\_\_\_  
Student First Name Last Name Last 4 Digits Only

\_\_\_\_\_ City State Zip  
Mailing Address

Phone # ( ) - Email: @

Hereby give the Delaware College of Art and Design Financial Aid Office permission to discuss, disclose, make available, and release my financial aid information and personally identifiable information without my further consent, and until further written notice to the following persons:

\_\_\_\_\_ ( ) -  
First Name Last Name Relationship Phone #

\_\_\_\_\_ ( ) -  
First Name Last Name Relationship Phone #

\_\_\_\_\_ ( ) -  
First Name Last Name Relationship Phone #

This authorization shall be considered as a waiver of any and all 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.

By designating my email above, I consent to the electronic transmission of my financial aid information.

I also understand that I may cancel these permissions by notifying the Financial Aid Office, **IN WRITING** that I wish to discontinue permission to email me or release information to any person previously named in this release form.

Decline the release of my financial aid information to anyone besides myself.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE Month Day Year