



PRIVACY RELEASE STATEMENT - FERPA

By signing this form, you are allowing College of Mount Saint Vincent's Office of Financial Aid to release certain information contained within your education record to the individuals you have identified below. Federal law allows the release of this information to certain other individuals that may not be listed below. These individuals include employees of College of Mount Saint Vincent, certain officials of the U.S. Department of Education, and parents of a student considered a dependent under the 1954 Internal Revenue Code. You may amend or rescind this authorization statement at any time by submitting a written request of such to the Office of Financial Aid.

For verification purposes, anyone listed on this form will be asked whether in person or by telephone- any combination of your name, address, date of birth, Student ID Number or Social Security Number. Anyone listed on this form that is able to verify such information will be allowed access to your personal financial records at College of Mount Saint Vincent.

I, (print name) _____, hereby grant my consent for the following to have access to my financial records at College of Mount Saint Vincent:

Name: _____ Relationship: _____

Email/Phone Number: _____

Name: _____ Relationship: _____

Email/Phone Number: _____

Name: _____ Relationship: _____

Email/Phone Number: _____

Student Name

Student ID/Social Security

Student Signature

Date

For more information on FERPA, visit the U.S. Department of Education's Family Policy Compliance Office website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html or contact the Office of Financial Aid.