



Parental Affidavit for Release of Financial/Personal Information

TO: Financial Aid Administrator

FROM: _____ (Parent's Name) _____ (Telephone #)

(Street Address) (City) (State)

Under Federal legislation, the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my information cannot be released to my child without my written consent.

I, therefore, request that the information listed below be released (e.g. 2020 Tax Return Transcripts)

1. _____
2. _____
3. _____

Release my information to:

Parent's Signature: _____ Date: _____