1772
SALEM
COLLEGE

Office of Financial Aid
601 South Church Street
Winston-Salem, North Carolina 27101
336/721-2808 Fax: 336/917-5584

2017-2018 AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student Name _____ Student ID _____
Last First MI

Student SSN _____

Due to the Family Education Rights and Privacy Act (FERPA), the Financial Aid Office cannot release information about a student to anyone without the student's permission.

The intent of FERPA is to protect your privacy. If you would like us to have permission to speak to any family member or friend regarding your financial aid, please provide the information below.

Otherwise, please check the second box indicating you do not give permission for us to speak to anyone other than yourself.

☐ **I give permission** to the Financial Aid Office to discuss any and all matters concerning my financial aid application and all related documents, awards, and payments with the person(s) listed below.

Name (please print)	**Relationship to Student**

☐ **I do not give permission** to discuss my financial aid information with anyone.

SIGNATURE

I understand that this authorization can be rescinded at any time by completing a new form.

Student Signature _____ Date _____