

Granite State College

Release of Financial Aid & Student Account Information

Return to:

Office of Financial Aid, 25 Hall Street, Concord, NH 03301
Phone: (603) 513-1392
Fax: (603) 513-1386
financial.aid@granite.edu

I understand that this release will be permanently in effect **until I rescind permission for the person(s) listed below by submitting a letter to the Office of Financial Aid specifying the persons(s) for which I am canceling access.**

_____ Last Name	_____ First Name	_____ Middle Initial
_____ GSC Student ID #	_____ Date of Birth	_____ Phone Number

The Family Educational Rights and Privacy Act of 1974 (FERPA) require the Office of Financial Aid and the Student Accounts Office to release detailed information to only the student. The student may, however, voluntarily waive their privacy rights to the person(s)(for example parents and/or spouse) they chose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid and student account records for all terms that the student is attending or has attended Granite State College. This release will be in effect until the student rescinds the permission by writing a letter to the Office of Financial Aid stating the name(s) that are no longer to have access to the student's information.

I hereby waive my rights under the Family Education Rights and Privacy Act (FERPA) by authorizing the Granite State College Office of Financial Aid and Student Accounts Office to share any information concerning my student account and all financial aid information that I have submitted or any information that was used to determine eligibility. **This includes information regarding previous years you have attended Granite State College.**

Information may be shared with the following individuals:

_____ First Name	_____ Middle Name	_____ Last Name
_____ Relationship to Student		_____ Last 4 digits of S.S. # (required)
_____ First Name	_____ Middle Name	_____ Last Name
_____ Relationship to Student		_____ Last 4 digits of S.S. # (required)

_____ Student Signature	_____ Date
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