



## AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), all information regarding a student's financial aid record is considered private between the student and the College and requires a written release for discussion of this information with a third party. Even parents or guardians cannot obtain information about your financial aid from the College, because College officials may not legally release such information. For a variety of reasons, you may wish to partially waive this protection and permit release of some types of information to certain people.

### STUDENT INFORMATION:

Student's Full Name: \_\_\_\_\_

Student's New River ID #: \_\_\_\_\_ Student's New River e-mail address: \_\_\_\_\_

### STUDENT'S RELEASE:

I \_\_\_\_\_, the undersigned, authorize the release of my financial aid information  
(Print Student's Full Name)

to the individuals named below. This release pertains only to my financial records. For the purpose of this release, "financial records" are defined as those records or items that directly impact financial aid eligibility and charges, such as Satisfactory Academic Progress (SAP), Lifetime Eligibility Earned (LEU), verification, award amounts, Return to Title IV calculations, and all similar items. This document does not allow the individuals named below to have access to any other department of office. I agree to waive my rights under FERPA and allow the below named person(s) to have access to my financial records, as defined above.

### DESIGNATED PERSON(S):

Parents name(s): \_\_\_\_\_

Guardian name(s): \_\_\_\_\_

Other (name and relationship): \_\_\_\_\_

### PASSWORD:

List a word, which the person requesting the information will use for identity. Common examples are a pet's name, a special date, a favorite location site, etc.

Password: \_\_\_\_\_

I hereby authorize release of my financial records to the designated persons by the prescribed College officials. This authorization is effective as of this date forward unless I specify otherwise in writing to New River CTC's Office of Financial Aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

(Updated 4-18-2018)

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