

FINANCIAL AID AND SCHOLARSHIPS
UNIVERSITY of CALIFORNIA • IRVINE

102 Aldrich Hall
Irvine, CA 92697-2825

Telephone: (949) 824-8262
ofas.uci.edu

Upload this form to: uci.studentforms.com

Consent for Release of Financial Aid Information

Student's Name _____

UCI ID Number _____

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy and confidentiality of student records. Schools must have written permission to release student record information.

If you wish to authorize the UC Irvine Financial Aid and Scholarships Office to disclose information to a designated individual or individuals (e.g. parents, siblings, spouse, etc.) you must sign and date this form. The authorized individual(s) must complete the table(s) below.

- The security question and answer should be something that is easily remembered, but is confidential. The individual will be prompted to answer this question when accessing the student's financial aid records.
- The security question/answer is valid until the student submits an updated form with a new security question/answer to the Office of Financial Aid and Scholarships.
- If you, the student, wishes to revoke the authorization, you must provide a written statement to the Office of Financial Aid and Scholarships.

To Be Completed by the Individual Authorized to Access My Financial Aid Records

To Be Completed by the Individual Authorized to Access My Financial Aid Records		
	Unique Security Question: <i>Select One</i>	Answer:
_____ Name	<input type="checkbox"/> The name of your first pet.	
_____ Relationship to Student	<input type="checkbox"/> The name of your elementary school.	
	<input type="checkbox"/> The city where you were born.	

To Be Completed by the Individual Authorized to Access My Financial Aid Records

To Be Completed by the Individual Authorized to Access My Financial Aid Records		
	Unique Security Question: <i>Select One</i>	Answer:
_____ Name	<input type="checkbox"/> The name of your first pet.	
_____ Relationship to Student	<input type="checkbox"/> The name of your elementary school.	
	<input type="checkbox"/> The city where you were born.	

By signing this request, you, the student, certify that you are granting the Office of Financial Aid and Scholarships permission to release your information to the authorized individual or individuals indicated above. This disclosure is valid only for financial aid information.

Student's Signature

Please submit to the Financial Aid Office.

Date