



**FINANCIAL AID
&
STUDENT ACCOUNTS
PRIVACY ACT NOTICE**

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's educational records. These confidential records include financial aid, scholarship, billing, and account information, and **will not be released without written consent from the student**. By signing this form, the student authorizes Asbury University personnel to release confidential information to designated person(s).

I, _____, _____, authorize
Student's Name (please print legibly) Student's SSN (last 4 digits)

Asbury University Financial Aid Office and Student Accounts Office personnel to disclose personal, identifiable information contained in my financial records to the persons indicated below. The information may be disclosed by verbal, written, or electronic communication.

Check here if NONE

Full Name	Relationship to Student	Last 4 digits of SSN	Email Address
Full Address			Phone Number

Full Name	Relationship to Student	Last 4 digits of SSN	Email Address
Full Address			Phone Number

Full Name	Relationship to Student	Last 4 digits of SSN	Email Address
Full Address			Phone Number

Full Name	Relationship to Student	Last 4 digits of SSN	Email Address
Full Address			Phone Number

Special Instructions: _____

STUDENT SIGNATURE: _____ **Date:** _____

Please complete and return as soon as possible to:

Asbury University, Attn: Student Accounts Office, One Macklem Drive, Wilmore, KY 40390
OR
Financial Aid Fax: 1-859-858-9149

For more information regarding the Family Education Rights & Privacy Act (FERPA), please visit
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/students.html>