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Office of Financial Aid

**Family Educational Rights & Privacy Act (FERPA) Release Form**

I, the undersigned student, hereby authorize Trocaire College to release the specified financial assistance records and information in accordance with this FERPA release:

Financial Assistance Records and Information:      Social Security Number  
Date of Birth  
Home Address & Telephone #  
Financial Assistance Received

Organization & Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**For the Purpose of:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that this consent shall remain in effect until revoked by me in writing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Signature of Parent or Guardian  
(If student is under age 18)

\_\_\_\_\_  
Date

**\*\*Please allow 2 business days for request to be processed\*\***