

**Authorization to Release Financial Information.** The purpose of FERPA (*Family Educational Rights and Privacy Act*) is to afford certain rights to students concerning their education records. Specifically, the Act specifies that parents or spouse of postsecondary students have no inherent rights to inspect a student’s education records. The right to inspect is limited solely to the student. In order to comply with all of the provisions of the Act, University employees are restricted from providing certain information to anyone other than the student—regardless of who is paying the bill. Any student who wishes to permit other individuals access to financial records (i.e. billing and account information) may do so by signing an “Authorization to Release Information” form and submitting it to the Office of Financial Aid and Scholarships. Upon receipt of the signed authorization form, the Office of Financial Aid and Scholarships may discuss student financial information with the designated individual(s). This authorization form applies only to release of student financial information. A copy of this form is provided below. You may complete the form and drop it off or mail it directly to the Office of Financial Aid and Scholarships.

## AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Youngstown State University adheres to the Family Educational Rights and Privacy Act, wherein the rights of a student who is attending an institution of postsecondary education, or is eighteen years of age, supersedes the authority of the parent(s) to make decisions regarding the student’s records or account.

Any student who wishes to permit other individuals access to financial records may do so by signing the waiver below and returning it to the Office of Financial Aid and Scholarships, Youngstown State University, One University Plaza, Youngstown, OH 44555.

### WAIVER

I, \_\_\_\_\_, Patron ID# \_\_\_\_\_ (required) hereby authorize release of information pertaining to my student financial account records with Youngstown State University to:

\_\_\_\_\_ Relationship \_\_\_\_\_  
(Print Name)

\_\_\_\_\_ Relationship \_\_\_\_\_  
(Print Name)

This release shall remain in effect until rescinded by me in writing to the Office of Financial Aid and Scholarships. This information may be mailed to the student’s address of record, picked up by the student or the authorized individual, or provided via the telephone.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

Student ID Verified by: \_\_\_\_\_

Release Doc created: \_\_\_\_\_