

*****ALL STUDENTS MUST COMPLETE AND RETURN***
THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
Appalachian Bible College Financial Aid Office
Student Information Release Form**

We, the Appalachian Bible College Financial Aid office, are dedicated to serving our students and their parents/spouses. In many cases, we work directly with parents to discuss and resolve financial aid eligibility issues for our busy student body. However, for students over the age of 18, FERPA requires prior written consent before we can disclose information to parents who did not claim their child or spouses on their last federal income tax return (34CFR, section 99.31(8)). **This form must be completed by all students applying any form of student aid by June 15th for Fall and by November 15th for Spring (i.e., private, federal, or institutional scholarships, grants, awards, loans.).**

All students must indicate their intent on this form as to whether or not they authorize us to discuss their financial aid with their parents (or any other party), and return it to the Financial Aid Office. In so doing, the student authorizes the Financial Aid Office to disclose financial aid information to the person(s) listed below. By completing this form, the person(s) listed below will have the legal ability to obtain information regarding the student's financial aid records, such as eligibility, amounts, conditions, and terms of aid for which the student is eligible.

I give permission to the Financial Aid Office to disclose information related to my Financial Aid to the following person(s):

NAME (please print)	Relationship	Address/Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do not give permission for any Financial Aid Information to be released to anyone. _____ (Initials)

I understand that this agreement to release information will be in effect for my entire period of enrollment at Appalachian Bible College. I further understand that I must notify the Financial Aid office, in writing, if I choose to modify or cancel this agreement.

Signature: _____ Date: _____

***A full statement regarding students' rights pertaining to disclosure of their records under FERPA is included for your records.**

This form will be kept in your file in the Financial Aid Office.

****THIS FORM MUST BE RETURNED EVEN IF YOU DO NOT WANT TO GRANT ANYONE PERMISSION TO HAVE ACCESS TO YOUR FINANCIAL AID INFORMATION!**

(2/28/06)