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2009-2010 Student Consent Form to Release UCSB Financial Aid Information to a Designated Third Party

A. Student Information

			Perm Number
Last Name (PRINT)	First Name	M.I.	Social Security Number
Address (include apartment number)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

Access to student records and documents must be controlled to ensure integrity, security, and confidentiality. As a student at the University of California, Santa Barbara, the confidentiality of your student financial aid information is protected in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) of 1974 and UC Santa Barbara Policy and Procedure "Student Education Records – Disclosure of Information" issued March 2004 (available from the UCSB Registrar).

Unauthorized use, removal, defacement, or alteration of any physical record or computerized data is prohibited. Providing access to student records or information contained in these records to unauthorized persons is also prohibited.

Under FERPA, the UCSB Financial Aid Office has the authority to provide your financial aid information to federal, state, and University personnel who have a legitimate need to know this information.

Your information cannot be disclosed to other third parties (parent, spouse, sibling, friend, landlord, associate, etc.) without your express written consent.

This form is intended to allow you to designate to which third parties you authorize the UCSB Financial Aid Office to release your financial aid information (application status and award information). You need to indicate the person's full name and relationship to you (parent, spouse, sibling, etc.) and submit this form to the UCSB Financial Aid Office. This release gives the UCSB Financial Aid Office the authority to release your financial aid information orally or in writing to the third party you have designated.

Note: This informational release is only valid for the 2009-2010 academic year (Fall 2009, Winter 2010, Spring 2010, and Summer 2010). A new form will need to be submitted for each future academic year.

I have read and understand the information above and give consent for the UCSB Financial Aid Office to release my UCSB Financial Aid information to the person(s) indicated below. I understand that this release is only in effect for the academic year in which it is enacted.

Person's Full Name	Relationship to You (parent, spouse, outside agency, etc)

B. Sign This Worksheet

Student's Signature: _____ Date: _____