UNIVERSITY OF SOUTH CAROLINA AIKEN

Office of Financial Aid
471 University Parkway • Aiken, SC 29801
803-641-3476 • Fax 803-643-6840
Email: stuaid@usca.edu • www.usca.edu/financialaid/

Student Consent Form to Release Information

_____ _____ OR _____
STUDENT'S NAME **BANNER ID** **VIP ID**

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, USC Aiken must obtain written consent from a student before releasing the financial aid records of that student to a third party. If you wish to authorize USC Aiken Office of Financial Aid to disclose information to a third party (e.g. parents, siblings, spouse, etc.), please complete and sign this form.

I authorize the release of the following information:

Release of Student Financial Aid and Scholarship Information

☐ I hereby grant the USC Aiken Office of Financial Aid permission to release any information regarding my financial aid file which could include financial aid awards, disbursements, eligibility, and/or status.

OR

☐ I hereby grant the USC Aiken Office of Financial Aid permission to release only the following information from my financial aid file (e.g. aid awards, disbursements, eligibility, and/or status):
_____
_____

I authorize information released to the following individuals:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. I understand this consent for disclosure of information can be revoked by me in writing at any time. USC Aiken is hereby released from all legal responsibility or liability for the release of the above-referenced information.

_____ _____
Student's Signature Date

USC Aiken is required to keep original signed consent forms.
Students are advised to keep a copy of this form with their records.