

FERPA RELEASE FORM

Financial Aid and Billing Consent Form

Office of Financial Aid
121 East Second Street
Morehead, KY 40351
Phone 1-800-585-6781
Fax: 606-783-2293
Email: finaid@moreheadstate.edu



The Family Educational Rights and Privacy ACT (FERPA) of 1974 protects the privacy of student records by requesting prior written consent before disclosing personally identifiable information to a third party.

Student's Name: _____ Student ID or SSN #: _____

I hereby grant the Office of Financial Aid and the Office of Accounting and Financial Services at Morehead State University to release any information regarding my financial records (these records include but are not limited to Financial Aid, Scholarships, and Billing) to the parties listed below.

Name of individual(s) I wish to release information to: **(PLEASE PRINT)**

Parent: _____

Date of birth: _____

Parent: _____

Date of birth: _____

Spouse: _____

Date of birth: _____

Other: _____

Date of birth: _____

By signing below, I acknowledge that I understand although I am not required to release my records to the individual(s), I am giving my consent to release information. I understand that this release remains in effect from the date it is received by the Office of Financial Aid at Morehead State University unless I revoke such consent in writing. **We do NOT accept electronic or digital signature.**

Student Signature

Date