



FERPA CONSENT TO RELEASE STUDENT FINANCIAL AID INFORMATION

TO: WPU Financial Aid Department

I hereby consent to public disclosure of any financial aid information to the following person(s):

Table with 3 columns: Name, Relationship to Student, Identifying 4 Digit Code. Contains 8 empty rows.

I understand further that (1) I have the right not to consent to the release of my financial aid information; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to William Peace University, but that any such revocation shall not affect disclosures previously made by William Peace University prior to the receipt of any such written revocation.

Student Name (print)_____

Student Signature_____

Student's 4 Digit Code _____

Student ID Number_____

Date_____