



FINANCIAL AID OFFICE
 2500 North State Street, Jackson, MS 39216
 Phone: 601-984-1117 Fax: 601-984-6984

FERPA23

FERPA AUTHORIZATION TO RELEASE INFORMATION

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:
Student's Middle Initial:	Program/YR:

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law which prohibits the disclosure of a student's educational record, including financial aid information, without written consent of the student. By signing this authorization, you consent to have our office personnel to discuss your financial aid record during your tenure at UMMC, including but not limited to your types of financial aid awards, your (and if applicable, your spouse's) income and assets and your satisfactory academic progress standing.

To facilitate the authorization of these people, please complete this form and return it to our office.

TO WHOM IT MAY BE RELEASED

Disclose information as specified above to the following party/parties: FAO will confirm with authorized party their name, relationship and identifier before releasing information.

1. Print Name _____ Relationship _____

2. Print Name _____ Relationship _____

Please create a password for your account that you will share with the individuals listed above to access your Financial Aid Account. This password will be required when anyone calls to access your financial aid information.

Account Password _____

Required Signature (s)

I certify that all information reported on this form is complete and correct. **Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.**

The information listed above is accurate and complete.

Student's Signature _____

Date _____

Email:
Financialaid@umc.edu
