

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
FINANCIAL AID INFORMATION RELEASE FORM**

_____ I hereby give DePauw University permission to discuss with the person(s) listed below any and all confidential matters pertaining to my application for financial aid, my eligibility for such aid, and payments(s) owed to the University, etc. Unless specified in the space provided below, this permission includes all areas deemed necessary by the University during my enrollment. I understand that this information will be maintained in the files of the office(s) which use it.

Please print or type.

Name & relationship (parent/guardian)

Name & relationship (parent/guardian)

Name & relationship (other)

Name & relationship (other)

_____ **I DO NOT WANT INFORMATION RELEASED TO ANYONE OTHER THAN MYSELF.**

STUDENT'S NAME: _____

SOCIAL SECURITY NUMBER: _____ / ____ / _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE (____) _____ - _____

Student's Signature

Date

Return to: DePauw University, Financial Aid Office, 313 S. Locust Street, Greencastle, IN 46135