

Financial Aid Office
The Evergreen State College
Olympia, WA 98505



FINANCIAL AID OFFICE

Office: 360-867-6205
Fax: 360-867-6576
Email: finaid@evergreen.edu
Web: www.evergreen.edu

Student Consent to Release Financial Records

This form is NOT required to be eligible for financial aid.

Use this form ONLY if you want to give permission for the named individual(s) to inquire about your financial aid on your behalf. Examples would be your parents or spouse. The named individuals cannot make requests or directions for changes to your financial aid. Only you, the student, may make such directions or requests.

Pursuant to the Family Educational Rights and Privacy Act of 1974,

I, _____, _____
Print your name as it appears on college records Evergreen Student ID #

hereby consent to the release by The Evergreen State College of information concerning my financial aid and financial aid obligations with Evergreen.

Parties to whom such records may be released:

Name(s) Relationship

I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent.

This consent is valid until _____. If no date is specified, this request will be in effect until rescinded in writing. month/day/year

Signature of Student Date

Submit this form to the Financial Aid Office.

Information Release (FERPA)