

Fordham University

Office of Student Financial Services

Authorization and Request for Release of Financial Aid Records and Information

TO: Fordham University
Financial Aid Office
441 East Fordham Road
Bronx, NY 10458

You are hereby authorized to disclose, make available, and release financial aid records and personally identifiable information to _____ without further consent and until further written notice.

This is to be used only for _____.

As specifically stated above, this authorization shall be considered as a waiver of any and all my rights and /or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended.

Dated: _____

Name (please print)

Signature

Social Security Number (SSN)

This release must include the signature and stamp of a notary public.

Signature & Stamp of Notary: