

Clayton State University

Office of Financial Aid
2000 Clayton State Blvd.
Edgewater Hall #102
Morrow, GA 30260
678-466-4185 (office)
678-466-4189 (fax)

2017 – 2018

STUDENT AUTHORIZATION TO DISCUSS FINANCIAL AID INFORMATION

STUDENT NAME _____ LAKER ID _____

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 for the current academic year, including but not limited to your types of financial aid awards, your (and if applicable, your parent or spouse) income and assets, and your satisfactory academic progress standing.

To facilitate the authorization of these individuals, please complete this form and return it to our office either in person by the student, by fax (678-466-4189) or by email (FinancialAid@clayton.edu). If the request is not submitted in person by the student, the student must include a readable copy of his/her Laker ID card or the student's photo ID with the request.

TO WHOM IT MAY BE DISCUSSED

Disclose information as specified above to the following party/parties: FAO will confirm with authorized party their name, relationship and identifier before releasing information. Please include all three identifiers in email correspondence.

1. Name _____ Relationship _____ Last 4 of SSN _____

2. Name _____ Relationship _____ Last 4 of SSN _____

This form will be kept on file for **one academic year** and authorizes the indicated parties to have access to discuss your financial aid record.

STUDENT SIGNATURE _____ DATE _____

**Limited information will be given by telephone to all parties.*