

STUDENT AUTHORIZATION DATA RELEASE FORM

Student Name: _____ Student ID: _____
(Please Print)

USF Email: _____ DOB: _____

The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords you certain rights regarding your education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties.

Institutions may, pursuant to Consolidated Appropriations Act, 2021 [Public Law 116-260] and with explicit written consent from the student, share Free Application for Federal Student Aid (FAFSA) information with a scholarship-granting organization or tribal organization.

CONSENT TO RELEASE INFORMATION

For the purpose of determining eligibility, awarding and administering my scholarship and in support of my academic success, I hereby authorize the **University of San Francisco** to provide the following information to the scholarship organization listed below.

- Data collected from my Free Application for Federal Student Aid (FAFSA), **excluding** any Federal Tax Information as defined under US Code section 6103(I)(13) of title 26.
- Financial Aid Information (financial aid offer, grants, scholarships, other awards, student employment, loans, disbursements and eligibility)
- Education Information (grades, courses, credits, GPA, registration, student ID number, academic progress, enrollment status, attendance)

This information may be used only for the stated purposes and for no other purposes.

Organization: _____ Email: _____

Address: _____

Student Signature: _____ Date: _____