
*Student Last Name*_____
*First Name*_____
*MI*_____
*Saint Martin's
ID Number*_____
*Example: 000123456***STUDENT AUTHORIZATION TO RELEASE
FINANCIAL INFORMATION****Academic Year 2023-2024**

Under the Family Education Rights and Privacy Act (FERPA), the Office of Financial Aid and Student Financial Services staff cannot speak with anyone regarding your Saint Martin's University financial student account or aid information without your authorization. This is a federal law designed to protect you as a student.

Please complete the information below and return to the Office of Financial Aid at Saint Martin's University by mail, secure drop box, or in person. Without your authorization, you are the only person to whom we will be able to release information.

By signing below, I authorize the release of the following information to the parties indicated below:

- I hereby grant the SMU Office of Financial Aid and Student Financial Services staff to release any information regarding my SMU student account and waive my right to confidentiality of my SMU student account.
- I hereby grant the SMU Office of Financial Aid and Student Financial Services staff permission to release any information regarding my financial aid and scholarship file.
- I authorize SMU Office of Financial Aid and Student Financial Services staff to indicate if my financial aid or scholarship funds have been withheld due to Satisfactory Academic Progress.
 - Please note: SMU Office of Financial Aid and Student Financial Services staff will not release any grades or performance measures to the below parties indicated below.
- I give my consent to release information regarding my financial aid and scholarship file which include (but is not limited to): FAFSA application information, aid package, need analysis results, and/or financial aid disbursements.
- I authorize SMU Office of Financial Aid and Student Financial Services to release any and all details of my student account and/or financial aid information for all years past, present and future, until I specifically change this authorization in writing.
- I understand that in order to add people to or delete people from the list of individuals authorized to receive information about my financial student account, I must submit an updated version of this form to Office of Financial Aid .
- I also understand that the updated form will replace all prior forms; that I can make such changes at any time and that blank copies of this form are available online and in the Office of Financial Aid.
- This authorization is valid as long as I am enrolled with Saint Martin's University.

I authorize information released to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Password: _____

*Authorized individuals will need to verify the password prior to the release of any student information.

Student Signature: _____ Date: _____

Scan the QR Code below to turn in your documents via Secure Drop Box

