



**ANNA MARIA
COLLEGE**

Office of Financial Aid

50 Sunset Lane

Paxton, MA 01612

Phone: (508) 849-3366 **Fax:** (508) 849-3735

Email: financialaid@annamaria.edu

2020-2021 Release of Information Form

In compliance with the Family Education Rights Privacy Act (FERPA), the Office of Financial Aid cannot release any information pertaining to a student's record without written consent. Please complete the following information only to authorize the release of your financial aid information to another party.

STUDENT INFORMATION

Student Name: _____ Student ID: _____

RELEASE OF INFORMATION TO:

Name/Agency: _____ Contact Information: _____

REASON FOR REQUEST

STUDENT CERTIFICATION

- (1) I hereby authorize Anna Maria College to release all information regarding my financial aid and my eligibility for financial aid, to the party listed above. (2) I understand this form is valid as long as I am enrolled at Anna Maria College. (3) I understand that I may revoke this authorization at any time by submitting a signed written request to Anna Maria's Office of Financial Aid. (4) I understand that this release of information only pertains to the Office of Financial Aid. (5)

Signature

Date