

FERPA RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) allow students certain rights with respect to their education.

Students may use this form to give the Office of Scholarships and Financial Assistance personnel permission to share information about his/her financial aid with a parent, spouse, or guardian.

I, _____ (*student name*) give permission to release information about the following to _____ (*parent, spouse, or guardian name(s)*). Please check each applicable box. Note that this information will only be shared upon request from the parent/spouse/guardian.

Financial Aid (package, refunds, UAP status)

This permission can be revoked at any time. If so, please put the request for revocation in writing.

Student's signature: _____

Hollins ID #: _____

Date: _____

Applicable to which term(s)? _____
(if unspecified, form will be applicable to all terms student is in attendance)