



Authorization to Release Information to Third Party Financial Aid Information Exchange

Section A: Student Information

Last Name	First Name	MI	Student ID#
Address	Social Security Number		
City	State	Zip Code	Area Code and Phone Number

Section A: Type of Record(s) To Be Released

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Status & FAFSA Information | <input type="checkbox"/> Information Requested in Attached Form |
| <input type="checkbox"/> Financial Aid Eligibility and Award Information | <input type="checkbox"/> Other-specify: _____ |

Section C: Third Party Designee

Name or Agency to Whom Access to Records May Be Provided: _____

Purpose for the Authorization: _____

Check the Appropriate Box Identifying How You Wish To Have This Information Released:

- Hold for Pick-Up
 Mail to Student
 Fax to Third Party () _____

Certain types of confidential information may only be released to the student in person with a valid photo ID. The Office of Financial Aid will contact you via email for pick-up availability, if necessary.

Section D: Student Declaration

(Information on this form supersedes all previous Release of Information Forms.)

I understand that some of my records may be protected under the Family Education Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I acknowledge I am aware of this request to release my records to the Third Party specified above. I certify that this consent has been given freely and voluntarily. **I UNDERSTAND THIS AUTHORIZATION IS VALID ONE TIME FOR A SINGLE RELEASE OF INFORMATION.** I further release Christopher Newport University, its Trustees, Officers, Employees, Agents or Assigns, from any and all liability for release of the above named records/information.

Student's Signature: _____

Date: _____