

Southern Nazarene University

CHARACTER | CULTURE | CHRIST

Authorization for Release of Information

In accordance with Family Educational Rights and Privacy Act (FERPA)

In order for Southern Nazarene University to disclose important financial aid information to any person, on behalf of a student, the student will need to fill out this authorization form. Without this authorization form, financial aid at Southern Nazarene University will not be able to disclose any information. Once this form has been completed, please mail or e-mail it to financial aid at Southern Nazarene University.

Student Information:

Name: _____ Student ID: _____
First Middle Last

1. Authorization

By completion of this form, I authorize Southern Nazarene University to release information as indicated below.

NAME OF PERSON(S)

1.	_____	_____
	Last name, First name	Relationship to Student
	() ()	_____
	Home number Cell phone	Email
2.	_____	_____
	Last name, First name	Relationship to Student
	_____	_____
	Home number Cell phone	Email

List two individual on this form ONLY if you intend to grant them the same type of information access. Otherwise, please complete a separate form for each individual.

TYPE OF INFORMATION ACCESS

DATES OF PERMITTED ACCESS

<input type="checkbox"/>	Financial Aid: (incl. but not limited to) satisfactory academic progress, Free Application for Federal Student Aid (FAFSA) info, award amounts, etc.	From: _____ To: _____
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It is the student's responsibility to indicate dates of permitted access. Failure to indicate dates of restriction means the student is granting permanent access. Please note that SNU will not release information past the date of permitted access.

2. Certification

I understand that this authorization may be withdrawn by me at any time through submission of a new Authorization for Release of Information Form (alter dates of permitted access accordingly).

Student Signature: _____ Date: _____

Mailing Address: _____
Street, City, State, Zip