

**Grambling State University  
Office of Student Financial Aid & Scholarships**

**RELEASE OF INFORMATION CONSENT FORM**

**Student:** \_\_\_\_\_

**SSN (last four digits):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Please check the option under which you, the student request the GSU Office of Student Financial Aid & Scholarships to apply your FERPA rights in connection with financial aid:

\_\_\_\_\_ **I do give** authorization to discuss my financial aid records with my parent(s) that are indicated on my most current Free Application for Federal Student Aid (FAFSA) and/or the following designated parties.

\_\_\_\_\_ **I do give** authorization to discuss my financial aid records to the following designated parties. I am an independent student and my parent(s) are not listed on my most current FAFSA.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

\_\_\_\_\_ **I do not give** authorization to discuss my financial aid records. I am an independent student.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**