

FINANCIAL AID RELEASE

**This form grants access to financial aid records including FAFSA data.
The authorized individual must provide the 7-digit student ID number and other
personal identification information to be granted access to financial aid information.**

Student Name: _____ Lee ID or last 4 of SSN: _____

This form is your signed consent for Lee University to release your financial aid information to the individual(s) identified. In signing this form, I knowingly and willingly waive all privacy and confidentiality rights under the Family Education and Privacy Act (FERPA) and Higher Education Act (HEA) Section 483(a)(3)(E) to which I am entitled. This release will remain valid unless revoked. If you wish to revoke this authorization, you must provide written notification to the Financial Aid Office.

Access to student financial aid records will be granted to the individual(s) listed below when they are properly identified and provide your student identification (ID) number. Be sure to provide your ID number to the person(s) identified below. **The University will not release any financial aid information unless the authorized individual provides your student ID number.**

Designated Individual(s):

Parent(s) on the FAFSA

OR if someone other than parents on the FAFSA, please fill in information below.

Other:

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship to you: _____

A photocopy or electronic submission of this authorization shall be considered as valid as the originally signed document.

By signing this authorization, I am waiving my rights of nondisclosure of my student financial aid records under FERPA and HEA to the person(s) specifically listed herein. I hereby release and hold harmless Lee University from any and all claims and liabilities that may arise from my instructions.

Student Signature: _____ Date: _____

RETURN COMPLETED FORM TO THE FINANCIAL AID OFFICE

