Authorization to Release Financial Aid Information

Please check the school you will attend:

- Health Professions
- Graduate School of Biomedical Sciences
- Medicine
- Nursing
- Pharmacy

The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student’s record by requiring prior written consent before disclosing confidential information to an unauthorized third party. Records maintained by the Office of Financial Aid are considered to be education records and may not be disclosed without the student’s consent. By signing this form, the student authorizes university personnel to release confidential information to a designated third party.

I authorize Texas Tech University Health Sciences Center, Office of Student Financial Aid, to release information regarding my financial aid to the following individuals:

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<tr>
<th>Full Name</th>
<th>Relationship</th>
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*If more space is needed, attach a separate page with your name and student ID at the top

Initial each line:

- I understand that this authorization will become effective on the date signed.
- I understand that this authorization will remain in effect until I request in writing to have the authorization withdrawn.
- I understand that this authorization is for the Office of Student Financial Aid only.
- A separate authorization is needed to release any other University held information (i.e. Office of Student Finance/Cashier, Office of University Records, etc...).

Certification

I affirm that all information supplied is factual and correct.

Student’s Signature (Required): ___________________________ Date: ___________