



Authorization to Release Student Financial Information

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Olin College is prohibited from releasing certain information involving student education records to third parties (parents, spouses, relatives, etc.). Education records can include, but are not limited to, billing, tuition and fees assessments, financial aid, grades and other student record information.

Students may grant the College permission to release financial information on the student account to a third party by submitting a completed Authorization to Release Student Financial Information Form. You must complete a separate entry for each parent, family member, or other individual to whom you wish to grant access to your student billing information.

For more information on FERPA please go to: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

By completing and signing this form you are giving the Student Affairs and Resources Office the right to discuss your financial information with the person(s) listed below. Examples of this information can include, but are not limited to, outstanding account balances, financial aid awards, student holds and/or restrictions, refund amounts, and 1098-T information.

MY SIGNATURE BELOW VERIFIES THAT I HAVE READ AND UNDERSTAND THE FERPA REGULATIONS.

_____	_____
Name (Please Print)	Student ID #
_____	_____
Signature	Date (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)	

PLEASE SUBMIT THIS COMPLETED FORM TO STUDENT AFFAIRS AND RESOURCES – ROOM CC326a.

NOTE: YOUR AUTHORIZATION TO RELEASE INFORMATION HAS NO EXPIRATION DATE; HOWEVER, YOU MAY REVOKE YOUR AUTHORIZATION BY NOTIFYING THE STUDENT AFFAIRS OFFICE IN WRITING.

TO PROTECT THE STUDENT FROM IDENTITY THEFT AND FINANCIAL FRAUD THE STUDENT AFFAIRS OFFICE WILL ONLY GIVE INFORMATION OUT TO THE PERSON(S) LISTED ON THE RELEASE FORM.

_____	_____
Name (Please Print)	Relationship to Student
_____	_____
Street Address	Phone Number

City, State, ZIP	

_____	_____
Name (Please Print)	Relationship to Student
_____	_____
Street Address	Phone Number

City, State, ZIP	