



**Ave Maria University**  
Office of Financial Aid  
5050 Ave Maria Blvd  
Ave Maria, FL 34142  
(239)280-1669

## DISCLOSURE OF FINANCIAL AID INFORMATION

### **Authorization to Disclose Financial Aid Information:**

In accordance with the federal Family Educational Rights and Privacy Act (FERPA), Ave Maria University (AMU) will not release a student's Financial Aid Information to a third party, unless we have the written consent of the student.

### **Exceptions Permitted Under FERPA**

Ave Maria University accords all the rights under the law to students who are declared **independent**, (as defined by SECTION 152 of the Internal Revenue Code), and personnel within the institution (on a need to know basis), to officials of other institutions in which students seek to enroll, to persons or organizations providing students' financial aid, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students or other persons. All these exceptions are permitted under the act.

The purpose of this form is to make clear to whom the student has given consent to receive **Financial Aid Information**. The student *must specify* who has permission to receive confidential information.

I, \_\_\_\_\_ (print student name) hereby give permission to the following persons:

_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship
_____ Name (please print)	_____ Relationship

This consent to the Release of Financial Aid information is to remain valid until I have notified the Financial Aid Office in writing of its termination.

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

\_\_\_\_\_  
Date