



SAMUEL MERRITT
UNIVERSITY

Financial Aid Office
450 30th Street, Suite 2850, Oakland, CA 94609
Phone 510.869.1550
Fax 510-869-1529

Consent to Release Personally Identifiable and Confidential Information

The Family Educational Rights and Privacy Act (FERPA) requires the Financial Aid Office to release detailed information to only the student. The student may; however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid file.

I, _____, give my consent to release records and information from my financial aid file at Samuel Merritt University, to:

This authorization is valid for the time I am enrolled at Samuel Merritt University.

Student's Signature: _____

Social Security Number: _____

Date: _____