



The Family Education Rights and Privacy Act (FERPA) is a federal law designed to protect the privacy of a student's educational records. Educational records are all records that contain information directly related to a student and are maintained by an educational agency or institution or party acting for the agency or institution. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when she/he reaches the age of 18 or attends a school beyond the high school level. Therefore, Financial Aid Office employees are unable to discuss matters with members of the student's family (parent, spouse, siblings, grandparent, etc.) without the express written consent from the student her/himself. If you wish to authorize your financial aid and/or veteran's benefits information to be shared with another person, then you must complete this form.

I, _____, hereby waive my rights under the Family Education Rights and Privacy Act (FERPA) by authorizing the IVCC Financial Aid Office to share any requested information regarding my financial or veteran's eligibility, amount, conditions, or terms to the person listed below. This release is valid for 2024-2025 FAFSA year at Illinois Valley Community College unless subsequently adjusted. I further understand that I must notify the Financial Aid Office, in writing, if I wish to alter or revoke this release.
This waiver must be renewed each FAFSA year.

All Authorization to Release Information Forms must be signed by the student in front of a financial aid staff person and the student must present a valid photo I.D.

Full Name of Person Authorized

Relationship to Student

Please list any information you are **not** authorizing the Financial Aid Office to release:

If you want information released to this person over the telephone, you must provide us with a code word this person must use to identify themselves: _____. It is the student's responsibility not to give this code word to anyone other than the person authorized to obtain your information.

Student's Signature

IVCC I.D. # (not the K #)

Date

For Office Use Only:

Authorization received/reviewed by: _____ Form of I.D. _____ Date: _____

CRI-FAS23REL Updated: _____

Authorization Terminated by: _____ Date: _____ Attach student's signed request