
Authorization to Release Information 2009-2010

Student's Name: _____ Number: _____

Phone Number: _____

INFORMATION REGARDING YOUR PRIVACY

As you are aware, applying for financial aid and making payments for school at times requires that information of a very private nature be communicated between yourself and certain offices on campus. It is also common that parents, spouses and other family members become (and in many cases need to be) involved in these discussions. However, in order for us to protect the educational rights and privacy of our students under the Family Education Rights and Privacy Act of 1974, we cannot release any information unless this release is signed by you, the student.

You may revoke, change, or add to this authorization at any time by submitting a signed request to our office. ***This authorization will be valid for the duration of your enrollment at Brigham Young University-Idaho. It is your responsibility to revoke, change or add to it.***

CERTIFICATION

By signing this form, I give Brigham Young University-Idaho permission to discuss with the person(s) listed below any and all confidential matters pertaining to my application for financial aid and my eligibility for such aid.

Name: _____ Name: _____

Name: _____ Name: _____

Student's Signature: _____ Date: _____

If you have any questions or are unsure of any item on this worksheet, PLEASE CALL US!

Phone (208) 496-1600 Fax (208) 496-1603