FINANCIAL AID AND SCHOLARSHIPS
UNIVERSITY *of* CALIFORNIA · IRVINE

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Irvine, CA 92697-2825   ofas.uci.edu

Upload this form to: **uci.studentforms.com**

Consent for Release of Financial Aid Information

Student's Name _____   UCI ID Number_____

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy and confidentiality of student records. Schools must have written permission to release student record information.

If you wish to authorize the UC Irvine Financial Aid and Scholarships Office to disclose information to a designated individual or individuals (e.g. parents, siblings, spouse, etc.) you must sign and date this form. The authorized individual(s) must complete the table(s) below.
- The security question and answer should be something that is easily remembered, but is confidential. The individual will be prompted to answer this question when accessing the student's financial aid records.
- The security question/answer is valid until the student submits an updated form with a new security question/answer to the Office of Financial Aid and Scholarships.
- If you, the student, wishes to revoke the authorization, you must provide a written statement to the Office of Financial Aid and Scholarships.

To Be Completed by the Individual Authorized to Access My Financial Aid Records		
_____ Name _____ Relationship to Student	**Unique Security Question:** *Select One*	**Answer:**
	❑ The name of your first pet.	
	❑ The name of your elementary school.	
	❑ The city where you were born.	

To Be Completed by the Individual Authorized to Access My Financial Aid Records		
_____ Name _____ Relationship to Student	**Unique Security Question:** *Select One*	**Answer:**
	❑ The name of your first pet.	
	❑ The name of your elementary school.	
	❑ The city where you were born.	

By signing this request, you, the student, certify that you are granting the Office of Financial Aid and Scholarships permission to release your financial aid information to the authorized individual or individuals indicated above.

STUDENT'S SIGNATURE:_____   **DATE:**_____