



**Authorization to Release  
Information on Financial Aid**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records, including information related to your financial aid application and award. Without your written authorization, Moravian College cannot disclose the information to anyone other than you, your parents (if you are claimed as a dependent on their federal tax return), and appropriate entities involved in the administration of financial aid. Students may choose to complete and submit this form to the Office of Financial Aid Services if they would like Moravian College to discuss or release financial information with (or to) specified third parties. Please note that while this form *authorizes* release of the information, it does not *obligate* Moravian College to do so. The college reserves the right to review and respond to all such requests on a case-by-case basis. For additional information, visit Moravian College's Privacy of Student Records page at [www.moravian.edu/student-consumer-info](http://www.moravian.edu/student-consumer-info) or the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

**A. Student's Information (Please Print):**

Student's Last Name Student's First Name Student's M.I. Student ID

**B. Person(s) or Organization(s) to Whom Information May Be Provided:**

Full Name (Please Print) Relationship to Student (Please Print)

Full Name (Please Print) Relationship to Student (Please Print)

**C. Duration of Release (Check One):**

- ☐ **One-Time Use:** This authorization can be used only once.
- ☐ **Limited Use:** This authorization expires on: \_\_\_\_\_

**D. Purpose of Release (Check One):**

- ☐ **Family Communications**
- ☐ **Employment**
- ☐ **Other (Please Specify):** \_\_\_\_\_

**E. Certification and Signature**

In signing below, I understand the following: I have the right not to consent to the release of my information. I have the right to inspect any written records released pursuant to this consent. I have the right to revoke this consent at any time by delivering written notification to the Office of Financial Aid Services at Moravian College.

Student's Signature Date

Student's Email Address Student's Phone Number

**Instructions for completing this form:** The form must be fully completed and signed by the student. Information cannot be released if any section of this form is not filled out entirely.

**Return to:**

*Office of Financial Aid Services, Moravian College, 1200 Main Street, Bethlehem, PA 18018-6650*  
*FAX: 610-861-1346, [finaid@moravian.edu](mailto:finaid@moravian.edu)*