NORTHERN MICHIGAN UNIVERSITY

ROIF

FINANCIAL AID
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Marquette, MI 49855-5301
906-227-2327 | fax 906-227-2321
fao@nmu.edu | nmu.edu/finaid

2026-2027
Release of Information

*****An incomplete form will delay processing*****

Student Name _____ **NMU IN** _____

If you are NOT submitting this form in person, a copy of your driver's license is required.
You may fax (906-227-2321) or upload this form to MyNMU, along with a copy of your driver's license.

RELEASE OF CONFIDENTIAL STUDENT RECORD INFORMATION FOR THE FINANCIAL AID OFFICE AND THE STUDENT SERVICE CENTER

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20.U.S.C. 1232g), also known as the Buckley Amendment, and Higher Education Act (HEA) Section 494 federal Data Sharing authority granted through the 2019 FUTURE Act (subsequently amended by Consolidated Appropriations Act of 2021 and the FAFSA Simplification Act in 2020, the Financial Aid Office and the Student Service Center are prohibited from releasing information concerning a student's financial aid, student account status and financial records without explicit written consent from the student unless an exception to this general requirement of written consent applies.

If you would like the Financial Aid Office and the Student Service Center to discuss your financial aid, student account status and financial records with persons or an organization that are not covered under this law, please complete and sign this *Release of Information* form. This consent only covers further disclosure of FAFSA data. This blanket release form does not cover Federal Tax Information (FTI). FTI represents tax information directly transferred from the IRS to the FAFSA for purposes of application, awarding, and administration aid. A separate per incidence release is required.

The Financial Aid Office will be responsible for addressing financial aid information, while the Student Service Center will be responsible for billing-related information.

Student's Authorization to Release Financial Information

I, the above named student, hereby authorize the Financial Aid Office and Student Service Center at Northern Michigan University to release information concerning my financial aid, student account status and financial records to the following persons. Information released can only be used for the application, awarding and administration of aid. ***If the person you list is a parent, please indicate whether that parent is listed on your FAFSA by circling yes or no.***

Person Name	Relationship to Student	On FAFSA?
_____	_____	Yes / No
_____	_____	Yes / No

I, the above-named student, hereby request and designate that the organization named below be provided with such information collected from my FAFSA as is necessary for the Granting Organization to assist me in applying for and receiving Federal, State, local or tribal assistance that is designated by me to assist me in applying for and receiving financial assistance for any component of my cost of attendance at Northern Michigan University. This designation is subject to the express requirement that the Granting Organization not sell or otherwise share information collected from my FAFSA.

Organization Name	Purpose
_____	_____

This designation is given with my explicit written consent. I understand that this release applies only to the 2026-2027 academic year and the 2027 summer term or such time that I personally revoke this privilege, whichever comes first. To revoke this privilege, I must provide a written, signed statement indicating the release of information is no longer given to the parties previously granted permission.

Student Signature_____ **Date**_____

*** No Typed Signatures ***

Employee Initials:	_____ **ID Checked**	_____	**RRAAREQ**
	_____ **FAFSA Parent Checked**	_____	**RHACOMM**