



NORTHERN MICHIGAN UNIVERSITY

ROIF

2020-2021 Release of Information

FINANCIAL AID 1401 Presque Isle Avenue Marquette, MI 49855-5301 906-227-2327 | fax 906-227-2321 fao@nmu.edu | nmu.edu/finaid

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) this form with the 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 federal Data Sharing authority granted through the Final Fiscal Year 2019 Spending Bill, 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 of the student.

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.

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. If the person you list is a parent, please indicate whether that parent is listed on your FAFSA by circling yes or no.

Table with 3 columns: Person Name, Relationship to Student, On FAFSA? (Yes / No). Three rows of blank lines for entry.

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.

Table with 2 columns: Organization Name, Purpose. Two rows of blank lines for entry.

This designation is given with my explicit written consent. I understand that this release will be in effect and honored until August 31, 2021, or such time that I personally revoke this privilege, whichever comes first. To revoke this privilege, I must provide a written statement indicating the release of information is no longer given to the parties previously granted permission.

Student Signature _____ Date _____

Employee Initials – ID Checked _____ RRAAREQ _____ RHACOMM _____