

Financial FERPA Release Form

(Family Educational Rights & Privacy Act of 1974)

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. While parents, guardians, and others understandably have an interest in a student's academic progress, they cannot be granted access to a student's records without consent of the student. We encourage interested parties to consult with the student if academic or financial information is needed. Students may submit a "FERPA Release Form" to UND Student Account Services allowing the release of information concerning their education records to those they designate. For additional information, visit the US Department of Education's website at: www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

I authorize the University of North Dakota School of Medicine and Health Sciences to verbally release my educational records, as indicated below, to those identified on this form:

- All charges and payments on my Campus Connection Account. These records include, but are not limited to, charges, credits and payments for Tuition, Fees, Late Fees, Residence Life, Bookstore, Financial Aid, Dining Services, Parking Fines, U-Card, and Student Health Services.
- All information and records related to my finances at UND. These records include, but are not limited to, financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status.

Name of individual(s) or Organization to whom information may be released:

Start Date (Today's Date)	Expiration Date	5 Years from Start Date
Student ID*		
Student Name	UND Email*	
Spouse Name	Email	
Mother/Stepmother	Email	
Father/Stepfather	Email	
Other (please specify)	Email	
Organization (if applicable)	Email	

*Leave Student ID and UND Email blank if you have not been assigned this yet or do not know it.

You must create your own 4 character SECURITY CODE. The security code should be numerical and should not be the last four digits of your social security number or your date of birth. You must provide this code to all individuals listed above.

Security Code

Please place an X in the proper box

Please honor requests for my records by those individuals/parties identified above:

- I acknowledge by my signature that I understand, although I am not required to release my records to this (these) individual(s), I am giving my consent to release the information. I understand that this release remains in effect for up to 5 years or until I revoke such consent in writing and the revocation is delivered to UND SMHS. **I also acknowledge that any new financial FERPA release forms completed and turned into UND SMHS Student Financial Aid Office will make all other financial FERPA forms null and void.**
- I request that UND revoke the FERPA Release Form on file and understand that this request will revoke access to all parties on file. A request to revoke a FERPA Release also inactivates the Security Code on file. A new FERPA Release Form will need to be completed to establish a new Security Code. **All new financial FERPA forms void any previous financial FERPA forms turned into UND SMHS Student Financial Aid Office.**

Student Signature: _____ Date: _____

Reviewed: 10/6/17

Return All Forms to:

University of North Dakota School of Medicine
and Health Sciences
Office of Student Affairs and Admissions
Attn: Angela Beardemphl/Danielle Thompson
1301 N Columbia Road Stop 9037
Grand Forks, ND 58202-9037

