



Financial Aid Office

Consent to Release Student Information

Students wishing to give consent to release financial information to a parent or other third party including third-party organizations, must complete and return this form to Student Central or the Financial Aid Office.

The Federal Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law designed to protect the privacy of a student’s education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties. This restriction applies but is not limited to your parents and/or stepparents, your siblings and your spouse. For further information on FERPA, see <https://massasoit.edu/about/college-policies/student-records-ferpa/>.

Schools are also limited by federal law in how FAFSA information can be used. Schools may share a student’s FAFSA information with scholarship-granting or tribal organizations only with the student’s written consent. However, Massasoit may be prohibited from sharing FAFSA data with other third-party organizations, even where the student has given written consent.

Students may grant Financial Aid permission to release information to a third party by submitting this consent form. You must identify each individual person/organization to whom you wish to give access to your information. The information will then be made available only if it is specifically requested by the authorized third party and permissible under law.

Please complete the following only if you want another person/organization to have access to information related to your federal, state and/or institutional financial aid awards.

By signing this form, I give permission to Massasoit’s Financial Aid Office to discuss and release information regarding my financial aid application and eligibility to the individual(s) specified below. This includes, but is not necessarily limited to information about my FAFSA, my grades and my satisfactory academic progress, student account information, appeal decisions and financial aid awards and adjustments. I understand and acknowledge that I have the right not to consent to the release of my education records, and that this consent shall remain in effect until revoked by me, in writing.

Student Name: _____ Student ID _____

Student Signature: _____ Date _____

Authorized Person/Organization	Relationship to Student	Address and Phone Number