THE SOLUTION CENTER
Financial Aid | Registrar | Student Financial Services

UMASS LOWELL

Financial Aid - Authorization for the Release of Information

Student ID: _____

Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

Please update your account in SiS if the email address and phone number listed above is different.

The Federal Family Educational Rights and Privacy Act (FERPA) prohibits institutions of higher education from releasing any information pertaining to a student's institutional record. This protection applies, but is not limited to grades, financial aid awards, billing and payment information, any other student record information, and is applicable to both current and formerly enrolled students.

By completing this form, I authorize the Financial Aid Office at the University of Massachusetts Lowell to discuss and provide my financial aid information to the third party listed below:

Name of Third Party	
Institution/Agency/Relationship	
Address	
City, State, Zip	
Email	

_____

Student Name (printed)

_____ _____

Student Signature Date