

Financial Aid Office
One Shields Avenue
(530) 752-2390
FAX: (530) 752-6667

University of California
Davis, CA 95616-8596
financialaid.ucdavis.edu

THIRD PARTY RELEASE TO INDIVIDUAL(S)

Student's Name (please print) _____ Student I.D.# _____

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the right to privacy and confidentiality of student records. Schools must have written permission to release student record information. If you wish to authorize UC Davis Financial Aid Office to disclose information to a third party (e.g., parents, siblings, spouse, etc.), please complete and sign this form. This form must be submitted to:

UC Davis Financial Aid Office
One Shields Avenue
Davis, CA 95616
Fax: 752-6667

I hereby authorize UC Davis to release any financial aid information requested to the named individuals below. I understand that any information concerning my financial aid is protected under FERPA. I further understand that I may waive that protection and give access of my records to the individuals of my choice.

Name (First and Last)	Last 4 digits of SSN	Relationship

- This disclosure waiver and authorization form is limited to **financial aid information ONLY** and is granted solely to the individual(s) named above.
- I understand that I can revoke this release any time by notifying UC Davis Financial Aid Office in writing.
- **Please submit a photocopy of your UC Davis student ID card with this request.**

Student's Signature _____ Date _____

PARENT(S) AUTHORIZATION TO RELEASE INFORMATION

I/We give permission for our son/daughter to receive copies of any documents in his/her file containing my/our information.

Father's Signature _____ Date _____ Mother's Signature _____ Date _____