



**STUDENT RELEASE OF INFORMATION  
FOR  
FINANCIAL AID AND HOUSING**

The purpose of this form is to implement the Family Educational Rights and Privacy Act (FERPA) at Carroll College while continuing to assist students in appealing their housing contract. This form is to provide the student a means for authorizing the Financial Aid Office to provide personal identifiable information from the student's financial aid records to the Office of Student Life.

I (printed student name) \_\_\_\_\_,

ID# \_\_\_\_\_, authorize the Financial Aid Office to talk with the Office of Student Life about my financial aid.

This authorization specifically includes all financial aid received at Carroll College and the Federal FAFSA results.

Please indicate the semester you are appealing:  Fall       Spring       Summer

The following are additional special instructions and/or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**Financial Aid Office Use:**

2008-09 FAFSA Filed?    YES                      NO

07-08 EFC: \_\_\_\_\_                      08-09 EFC: \_\_\_\_\_

Number in Family: \_\_\_\_\_                      Number in College: \_\_\_\_\_

Total Loan Debt: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*See Attached Federal Student Aid Report and Financial Aid History*

Financial Aid Office

Date Completed: \_\_\_\_\_                      By: \_\_\_\_\_