



Authorization to Release Financial Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records may include, but are not limited to, financial aid, scholarship and fellowship, and student account/billing information (the "Information"). The Information will not be released to anyone other than the student without written consent from the student. By signing this form, the student authorizes Southeastern Technical Institute personnel to release the Information to the designated person(s).

Student Name: _____

Program: _____

I authorize Southeastern Technical Institute personnel to discuss information for the purposes of understanding and meeting school related financial obligations with me (the student) as well as the person(s) listed on this form. I understand that the person(s) listed on this form will have access via telephone, in person, mail, e-mail, or fax to the Information that may include the following:

- My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.
- My school tuition billing account and statements, including credits and debits posted to that account and any refund amounts I may have received.

This authorization form does not allow Southeastern Technical Institute to release specific academic information. List of person(s) to whom I am granting authorization to receive the above mentioned Information from representatives of Southeastern Technical Institute:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

This authorization will be effective on the date that you sign this form and will remain in effect until a new authorization form is received. To add, delete or change authorized persons, you MUST complete and submit a new form.

STUDENT SIGNATURE _____ Date _____