

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
STUDENT LOAN INFORMATION RELEASE FORM**

If you wish specific loan information to be released to another person (i.e., parent or spouse), per Federal Regulations, you must provide written authorization. Release authorization forms will be sent to you with your yearly loan paperwork. Additional forms will also be sent at the time you graduate or are enrolled less than half-time at St. Thomas.

AUTHORIZATION TO RELEASE INFORMATION

____ I HEREBY AUTHORIZE THE UNIVERSITY OF ST. THOMAS FEDERAL PERKINS LOAN OFFICE TO RELEASE INFORMATION REGARDING MY STUDENT LOANS TO: (please print or type)

name and relationship also include address & phone number

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OR

____ I DO NOT WANT INFORMATION RELEASED TO ANYONE OTHER THAN MYSELF. (Please note that if you check this, your parents or spouse CANNOT get information on your loan if they call us.)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

BORROWERS

NAME: _____

SOCIAL SECURITY NUMBER: _____ \ _____ \ _____

Was this correspondence sent to an address where you want all your mail sent?

___ YES ___ NO

If not, please give us your mailing address:

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____

Please check if you are employed full time in any one of these fields:

Teacher ____ Law Enforcement ____ Family Services ____ Nursing ____ Med Tech ____
(please specify) _____

Are you currently enrolled at least half time as a student? _____

Name of School _____

BORROWER'S SIGNATURE:

DATE:
