**OUTSIDE SCHOLARSHIP**

**STUDENT AUTHORIZATION**

**DATA RELEASE FORM**

2024-2025

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords you certain rights regarding your education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as your grades, billing and payment records, financial aid awards, and other student record information, to third parties.

Institutions may, pursuant to Consolidated Appropriations Act, 2021 [Public Law 116-260] and with explicit written consent from the student, share Free Application for Federal Student Aid (FAFSA) information with a scholarship-granting organization or tribal organization.

CONSENT TO RELEASE INFORMATION

For the purpose of determining eligibility, awarding and administering my scholarship and in support of my academic success, I hereby authorize the **[INSTITUTION NAME]** to provide the following information to the scholarship organization listed below.

* Data collected from my Free Application for Federal Student Aid (FAFSA), excluding any Federal Tax Information as defined under US Code section 6103(l)(13) of title 26.
* Financial Aid Information (financial aid offer notifications, grants, scholarships, other awards, student employment, loans, disbursements and eligibility)
* Student Account Information (bills, statements, charges, credits, balances, payments, past due amounts, collection activity)
* Education Information (grades, courses, credits, GPA, registration, student ID number, academic progress, enrollment status, attendance, communications with advisors and other college staff deemed relevant for the administration of my scholarship)

This information may be used only for the stated purposes and for no other purposes.

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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