VILLANOVA UNIVERSITY SCHOOL OF LAW FERPA RELEASE FORM

Pease remember to SIGN and return this form to the Villanova Law School Office of Financial Aid. Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085 Name: Banner ID#: This form is OPTIONAL. Only complete and return this form if you would like to authorize the Office of Financial Aid to release your financial aid information to your parents, spouse or other individuals of your choice. **Purpose of this Form** Pursuant to the Family Educational Rights and Privacy Act (FERPA) Villanova Law School cannot disclose any information contained in the student's financial aid file without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent or spouse of a student does not have the automatic right to view the student's records without the express written consent of the student. Students may grant any third party (e.g., parent, spouse) permission to access his/her financial aid records by completing this form and returning it to the Office of Financial Aid. I hereby authorize the financial aid office to release any information contained in my financial aid records, including eligibility and disbursement information, to the specific individual(s) listed below: Full Name (First, MI, Last) **Relationship to Student** (Please print) I acknowledge that this release is valid until I have completed my current degree program at Villanova Law School. I understand that I may revoke this permission at any time by notifying the Office of Financial Aid in writing. Student Signature:_____ Date:____