



**Boothbay Region  
Student Aid Fund**  
SUPPORTING STUDENTS FOR OVER FIFTY YEARS

# RELEASE OF FINANCIAL INFORMATION (FERPA RELEASE)

Date: \_\_\_\_\_

The Federal Educational Rights and Privacy Act (FERPA) protects the privacy of a student's educational records. This includes information about your financial aid. Financial Aid information is available only to you, the student, unless you complete and sign this FERPA waiver. This letter authorizes:

\_\_\_\_\_  
*Name of Institution*

to discuss with the Boothbay Region Student Aid Fund the relevant particulars of the financial aid package offered to the student named below:

\_\_\_\_\_  
*Student Name (PRINT)* / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Social Security #*

*I consent to signing this document electronically*

\_\_\_\_\_  
*Student Signature* / \_\_\_\_\_  
*Date*

If student is under eighteen years of age, a parent or legal guardian must sign as well:

\_\_\_\_\_  
*Parent/Guardian Name (PRINT)*

*I consent to signing this document electronically*

\_\_\_\_\_  
*Parent/Guardian Signature* / \_\_\_\_\_  
*Date*