



# Scholarship Student Consent to Release Records

If you need assistance with completing this form, please call our office at 480-965-4845 or visit one of our office locations listed at [students.asu.edu/contact/financialaid](http://students.asu.edu/contact/financialaid).

**SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)**

Last Name		First Name		Middle I.	10-Digit ASU ID	9-Digit Campus ID
Local Street Address			City		State	Zip Code
						Daytime Phone Number

**INSTRUCTIONS**

YOU MUST COMPLETE Section B below.

**RETURN THIS FORM TO:** Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-6967, unless otherwise instructed by a financial aid staff member.

**SECTION B: STATEMENT OF CONSENT (MUST BE COMPLETED BY THE STUDENT.)**

**Certification:** The federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of educational records that the university maintains about me. By signing below, I give permission for ASU or the ASU Foundation to disclose to the donor and any review committee the information provided in connection with this scholarship application for the purpose of the review of my application, and the administration and promotion of the scholarship program. This may include information from my educational records, such as my official transcript, letters of recommendation, and financial aid information. This permission is granted for each semester I am awarded a scholarship/grant from the donor named below.

Name of Organization/Donor	Anticipated Graduation Date for Current Degree
Student's Signature	Date form was signed

**FOR OFFICE USE ONLY**

Staff Initials	Date	E <input type="checkbox"/>	P <input type="checkbox"/>	Notes:
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