

## Office of Student Finance

 $55\;Fifth\;Avenue\;|\;New\;York,\;New\;York\;10003\;|\;Phone\;212-790-0392\;|\;Fax\;212-790-0366\;|\;Email\;clfinaid@yu.edu$ 

## **FERPA Release Form**

Student financial aid and billing account information is confidential and will only be discussed with the student. Our office may receive requests for information contained in the student's file from a third party such as a parent or spouse of the student. Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the university may not release this information without written consent of the student, subject to the exceptions specified under FERPA.

As a student, if you wish to authorize a third party to discuss and review your account on your behalf, and to have access to your records held by the Office of Student Finance, please complete this form and return it to our office.

This authorization is valid until(Date)	, unless revoked in writing by me.
(3 <sup>rd</sup> Party Name: please print clearly)	(Relationship to Student)
(3 <sup>rd</sup> Party Name: please print clearly)	(Relationship to Student)
hereby authorize the Office of Student Finance to s billing account to the following:	upply information from my student financial aid and
(Student Name: please print clearly)	(Cardozo ID)
I,	

**Electronic Signature (Check Box):**