



FERPA Consent to Release Student Information

Consent: In accordance with the Family Education Rights and Privacy Act of 1974 (“FERPA” or the “Buckley Amendment”), by signing this form, I, _____ consent to the release of my scholarship and financial aid records to the SIT Study Abroad financial aid and scholarship coordinator by _____ Financial Aid office. This includes personally identifiable student information to be released to the person(s) listed above. The information to be released includes but is not limited to: financial aid awards, application data, disbursements, and financial aid eligibility.

This consent and authorization to release educational records to the above name person(s) shall remain in effect until written revocation from me is received by my home institution. This release may be orally or in the form of copies of written or electronic records as requested by the person(s) named above. My institution shall have a reasonable time to comply with any such revocations. Any revocation shall not affect disclosures made to SIT Study Abroad prior to receipt of any such written revocation.

I understand further that:

- (1) I have the right not to consent to the release of my education records;
- (2) I have the right to review such records upon request;
- (3) I have the right to request changes or deletions to items which I believe to be inaccurate; and
- (4) in the event a change or deletion is rejected, I have the right to place a statement in the record explaining my view of the circumstances.

Note: This consent only applies to the SIT Study Abroad Financial Aid and Scholarship office.

Student Name (Printed) _____

Student Signature _____

Date _____