

Financial Aid Office

University of South Carolina Lancaster

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<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

Authorization to Release Financial Aid Information

The Federal Education Rights and Privacy Act (FERPA) prevents the release of confidential student information by our office without the express written consent of the student. By completing the following form you are authorizing the Financial Aid Office of University of South Carolina Lancaster to release information to the agency or individual you are indicating, and indicating that you will not hold liable in any way the University of South Carolina Lancaster or its employees for how this information is used once it has been released.

I, _____, (XXX-XX-____), do hereby
(Printed Name) (Last 4 digits of SSN)

authorize the University of South Carolina Lancaster Financial Aid Office to release information regarding my Student Financial Aid and Enrollment Status to the following agency/individual:

(Please provide at least the name and address of the agency/individual above)

Address: _____
City _____ **State** _____ **Zip** _____
Phone Number: _____ **Fax Number:** _____

I also understand that by signing below I am not holding the University of South Carolina Lancaster or its employees responsible for how this information will be used once it has been released to this agency/individual.

Student Signature

Date

Financial Aid Office Use Only

Student SSN

Processed By _____
Printed Name

Date

Signature