



YESHIVA UNIVERSITY

Office of Student Finance

500 West 185th Street | New York, New York 10033 | Phone 212-960-5399 | Fax 212-960-0037 | Email studentaid@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 the **original** to our office (*please note: we will not accept a faxed or email attachment copy*).

I, _____
(Student Name: *please print clearly*) (YU ID#)

hereby authorize the Office of Student Finance to supply information from my student financial aid and billing account to the following:

(3rd Party Name: *please print clearly*) (Relationship to Student)

(3rd Party Name: *please print clearly*) (Relationship to Student)

This authorization is valid until _____, unless revoked in writing by me.
(Date)

(Student Signature) (Date) (Academic Year)