

Authorization to Release FAFSA and FERPA Protected Information

Fund for Education Abroad

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In order to determine eligibility, award and administer FEA scholarships, the Fund for Education Abroad needs information to be released to us by your college or university. This form authorizes your college or university to release this information to us.

The **Family Education Rights and Privacy Act** of 1974 (FERPA), as amended, affords you certain rights regarding your education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as grades, billing and payment records, financial aid awards, and other student information, to third parties. This consent to release records to the Fund for Education Abroad applies to such records that may otherwise be protected under FERPA.

Institutions may, pursuant to Consolidated Appropriations Act, 2021 [Public Law 116-260] and with explicit written consent from the student, share Free Application for Federal Student Aid (FAFSA) information with a scholarship-granting organization or tribal organization.

CONSENT TO RELEASE INFORMATION

For the purpose of determining eligibility, awarding and administering my scholarship and in support of my academic success, I, _____, hereby authorize my university, _____, to provide the staff, directors, associates, agents and representatives of the Fund for Education Abroad with the following information:

- **Data collected from my Free Application for Federal Student Aid (FAFSA)**, including tax return information disclosed under section 6103(I)(13) of the Internal Revenue Code of 1986 with respect to the application
- **Financial Aid Information** (award letters, grants, scholarships, student employment, loans, disbursements and eligibility)
- **Education Information** (grades, courses, credits, GPA, registration, student ID, enrollment status, communications with advisors and other college staff deemed relevant for the administration of my scholarship application)

My signature below is my explicit written consent for the above information to be shared with the staff, directors, associates, agents and representatives of the Fund for Education Abroad upon their request.

Print Legal Name

Signature

Date