



Cornerstone UNIVERSITY®

In accordance with the Family Educational Rights and Privacy Act of 1974 as amended, it is necessary for Cornerstone University School officials to have written consent from a student prior to releasing information from the student's educational record to most sources outside the university. The exception to this situation is directory information.

Use this form ONLY if you want the named individual(s) to be able to inquire about your financial aid and receivable accounts on your behalf. You, the student, must make requests for changes to your financial aid eligibility and awards in writing. Completion of this form is NOT required to be eligible for financial aid.

I, _____ ID or SSN _____

Hereby consent to the release by Cornerstone University of all information concerning my financial aid, financial aid obligations, and account information (including student account, phone account, rent account, parking ticket account, housing deposit account, and other receivable accounts.)

PARTIES TO WHOM SUCH RECORDS MAY BE RELEASED:

1. _____
Name Relationship
2. _____
Name Relationship

I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent.

This consent for release will remain in effect from the date indicated below until I submit written authorization to remove it.

Signature of Student Date

Return this form to:

Student Financial Services, Cornerstone University, 1001 E Beltline Ave NE, Grand Rapids, MI 49525
Phone: (616)-222-1424 Fax: (616)-222-1400

For Office Use Only

____ FERPA contact in CRI (FACFERPA)

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