



The Experiential Learning Student Scholarship Awards Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law which prohibits disclosure of student educational records, including financial aid information, without written consent of the student. By signing this authorization, you consent to allow The University of Georgia Office of Student Financial Aid personnel to disclose information for the purpose of administering your application with the Experiential Learning Scholarship*.

I, _____, applicant for the Experiential Learning Student Scholarship Awards, hereby allow the Office of Student Financial Aid and the Office of Experiential Learning at The University of Georgia to share the following financial aid information about me with Office of Experiential Learning.

Please check any items(s) you wish released:

- 1. **Document requirements:** Eligibility status
- 2. **Aid award:** Amount and types of aid; deadlines, revisions; requirements
- 3. **Aid disbursement:** Including university charges, credits, and debits related to student aid receipt; this may include fees, tuition and housing charges and payments
- 4. **Satisfactory Academic Progress:** (The Office of Experiential Learning does not release grades or other academic information, only your status as it relates to the receipt of student financial aid)
- 5. **Financial Aid Holds**
- 6. **Other** (specify): _____

CERTIFICATION: (sign in ink): I understand that my responses to the above will remain in place for the duration of studies at The University of Georgia. This release may be rescinded at any time by notifying the Office of Student Financial Aid in writing.

Student Name: _____ Date: _____

(Type or Print)

Student Signature: _____