

FERPA Release Form

The Office of Student Finance maintains records relating to Einstein and Homan Loans for each Doctor. Our office may receive requests for information contained in the doctor's file from a third party such as a parent or spouse of the doctor. 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 doctor, subject to the exceptions specified under FERPA.

As a doctor, if you wish to authorize the release of the records held by the Student Finance Office to specified persons or institutions, please complete and return this form to the Student Finance Office.

Date: _____

I, _____
(Doctor's Name & Graduating Class) _____
(Social Security Number)

Hereby authorize the Student Finance Office to supply information from my student account as described above in response to the following inquiries:

_____ All inquiries for whatever purposes until my records are destroyed or until my written statement rescinding this authorization is received by this office.

_____ To only the following institution or person's _____
(Name of Person or Institution)

Until _____ unless revoked in writing by me.
(Date)

Signature of Doctor

Date