

2026-2027 SCHOLARSHIP RELEASE AUTHORIZATION

Student Name (please print)

Campus ID Number

The Family Educational Rights and Privacy Act (FERPA) requires the Office of Scholarships and Financial Aid to release detailed information only to the student. However, the Scholarship Release Authorization allows the student to voluntarily waive their privacy rights to the person(s) they choose to authorize. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid file.

I, _____, give my consent to release records and information
Student Name (please print)
from my financial aid file at Central Michigan University to:

Name(s) of people for which information may be released (please print)

Please specify the personally identifiable information from your Education Records that may be disclosed

Please state the purpose of the disclosure, such as: communicating with me about and determining my eligibility for means-tested benefit programs that can help pay for my cost of attendance.

Student Signature (Handwritten Signature **OR ELECTRONIC SIGNATURE USING GLOBAL ID**)

Date

Parent Signature (If student is under 18)
(Handwritten Signature **OR ELECTRONIC SIGNATURE USING YOUR CREATED PASSWORD**)

Date

You may withdraw your written consent to disclose this information at any time. A request to withdraw your consent should be submitted via your financial aid portal.

I withdraw my previous consent to release information from my financial aid records:

Student Signature (Handwritten Signature **OR ELECTRONIC SIGNATURE USING GLOBAL ID**)

Date