

## Suffolk Foundation Authorization to Release FAFSA and FERPA Protected Information

To determine eligibility, award and administer a Suffolk Foundation Scholarship, the Suffolk Foundation 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 your grades, billing and payment records, financial aid awards, and other student record information, to third parties. This consent to release records to the Suffolk Foundation 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 (*college name*) \_\_\_\_\_ (“the College”) to provide the staff, directors, associates, agents and representatives of the Suffolk Foundation with the following information:

- **Data collected from my Free Application for Federal Student Aid (FAFSA)**, including tax return information disclosed under section 6103(l)(13) of the Internal Revenue Code of 1986 with respect to the applicant
- **Financial Aid Information** (financial aid award letters and notifications, grants, scholarships, other awards, student employment, loans, disbursements and eligibility)
- **Student Account Information** (bills, statements, charges, credits, balances, payments, past due amounts, collection activity)
- **Education Information** (grades, courses, credits, GPA, registration, student ID number, academic progress, enrollment status, attendance, communications with advisors and other college staff deemed relevant for the administration of my scholarship)

This information may be used only for the stated purposes and for no other purposes.

I understand and agree that this authorization will remain in effect until I notify the College and the Suffolk Foundation in writing to revoke it.

My signature below is my explicit written consent for the disclosure of the above information by the College to the staff, directors, associates, agents and representatives of the Suffolk Foundation upon their request.

\_\_\_\_\_ Print Legal Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Parent or Legal Guardian (if student is under the age of 18)

\_\_\_\_\_ Signature \_\_\_\_\_ Date