



**Return to:** Student Financial Aid Office  
 3601 4<sup>th</sup> Street, MS 8310  
 Lubbock, TX 79430  
 Or fax to 806-743-2304  
 Or email directly to [financial.aid@ttuhsc.edu](mailto:financial.aid@ttuhsc.edu)

**Authorization to Release Financial Aid Information**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Please check the school you will attend:**

- Health Professions    Graduate School of Biomedical Sciences    Medicine    Nursing    Pharmacy

**Authorization to Release Financial Aid Information**

The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's record by requiring prior written consent before disclosing confidential information to an unauthorized third party. Records maintained by the Office of Financial Aid are considered to be education records and may not be disclosed without the student's consent. By signing this form, the student authorizes university personnel to release confidential information to a designated third party.

I authorize Texas Tech University Health Sciences Center, Office of Student Financial Aid, to release information regarding my financial aid to the following individuals:

Full Name	Relationship

*\*If more space is needed, attach a separate page with your name and student ID at the top*

**Initial each line:**

- \_\_\_\_\_ I understand that this authorization will become effective on the date signed.
- \_\_\_\_\_ I understand that this authorization will remain in effect until I request in writing to have the authorization withdrawn.
- \_\_\_\_\_ I understand that this authorization is for the **Office of Student Financial Aid only**.
- \_\_\_\_\_ A separate authorization is needed to release any other University held information (i.e. Office of Student Finance/Cashier, Office of University Records, etc...).

**Certification**

I affirm that all information supplied is factual and correct.

Student's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_