

SCHOLARSHIP CONSENT TO RELEASE FORM



The Family Educational Rights and Privacy Act of 1974 (FERPA) allows a student's rights concerning the privacy of, and access to their educational record. As a student, you may choose to complete and submit this form to the Office of Financial Aid at Life University which will allow the release of your scholarship award. Please note that this form authorizes Life University to release your record, but it does not obligate Life University to release your scholarship award. Requests for the release of admissions, financial and academic student records will be reviewed and responded to on a case-by-case basis.

SECTION A: STUDENT ACKNOWLEDGEMENT

I, _____ (print name), hereby authorize Life University to release my scholarship award, which may include information such as student ID, name, and award name, award amount.

SECTION B: STUDENT AUTHORIZATION

I acknowledge by signing this form, I authorize Life University to release my scholarship award. I understand that I am not required to give access, but that I am consenting to do so. I understand that this release remains effective until I provide the Office of Financial Aid at Life University with written notice withdrawing my consent to release.

Student's Name (Printed) _____

Student's Signature _____

Student ID# _____ Date _____