

Completion of this form is **NOT** a requirement for financial aid eligibility.

Use this form **ONLY** if you want the individual(s) listed below to be able to inquire on your behalf about your educational financing. Examples of such individuals may include parents, a spouse, or other close family members or friends. Please note that only you, the student, may request changes to your financial aid eligibility and awards and that you must submit your request in writing to the Office of Financial Aid at gsas-finaid@columbia.edu.

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|------------------------------------|---|-------------------------------|--|
| LAST NAME: | | FIRST NAME: | |
| <input type="checkbox"/> M | <input type="checkbox"/> F | COLUMBIA (UNI) EMAIL ADDRESS: | CUID/PID: <i>C00</i> <i>[refer to SSOL]</i> |
| <input type="checkbox"/> M.A. only | <input type="checkbox"/> M.A./M.Phil./Ph.D. | DEPARTMENT OR PROGRAM: | |

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the above named student, hereby consent to the release of information by the Graduate School of Arts and Sciences at Columbia University concerning my financial aid awards and obligations, to the following individual(s):

| | |
|------|-------------------------|
| NAME | RELATIONSHIP TO STUDENT |
| NAME | RELATIONSHIP TO STUDENT |

I understand that such records may not be released except on the condition that the party to which the information is being release will not permit any other party to have access to such information without my written consent.

This consent will remain valid until I amend or rescind it in writing to the GSAS Office of Financial Aid.

STUDENT SIGNATURE

DATE

Further information about FERPA: www2.ed.gov/policy/gen/guid/fpco/ferpa