UCLA, Financial Aid Office
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435
Phone: 310-206-0400
Fax : 310-206-7419

2008-2009 Financial Aid Information Disclosure Waiver and Authorization Form

Name: Last _____ First _____ UID# _____

****

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the right to privacy and confidentiality of student records. Schools must have written permission to release student record information. If you wish to authorize UCLA Financial Aid Office to disclose information to a third party (e.g., parents, siblings, spouse, etc.) for the 2008-2009 academic year, please complete and sign this form.

This form must be submitted to:
UCLA Financial Aid Office
A-129 Murphy Hall
Los Angeles, CA 90095-1435
Fax: 310-206-7419

I hereby authorize UCLA to release any financial aid information requested to the named individuals below. I understand that any information concerning my financial aid is protected under FERPA. I further understand that I may waive that protection and give access of my records to the individuals of my choice.

Name (First and Last)	Last 4 digits of SSN	Relationship

- This disclosure waiver and authorization form is limited to **financial aid information ONLY** and is granted solely to the individual(s) named above.
- I acknowledge that this release is valid only for the academic year specified on this waiver.
- I understand that I can revoke this release any time by notifying UCLA Financial Aid Office in writing.
- **Please submit a photocopy of your UCLA student ID card with this request.**

Student Signature _____ Date _____