



Office of Student Financial Aid
P.O. Box 9961
Baton Rouge, LA 70813
(225) 771.2790

Authorization and Request for Release of Financial Aid Records and Information

DEPENDENT STUDENT

TO: Office of Student Financial Aid
P.O. Box 9961 – T.H. Harris Annex Bldg. # 139
Southern University and A&M College
Baton Rouge, LA 70813

You are hereby authorized to disclose, make available, and release financial aid records and personally identifiable information to _____ without my further consent, and until further notice.

This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

Dated: _____

Dated: _____

Parent's Name (please print)

Student's Name (please print)

Parent's Signature

Student's Signature

Parent's Social Security Number (SSN)

Student's Social Security Number (SSN)