

**FORM 13 - IDAHO STATE UNIVERSITY  
RELEASE OF FINANCIAL AID INFORMATION**

09-10

**13-10**

This form can be used to allow the Office of Financial Aid to release information to another person, including parents.

**Office of Financial Aid, Idaho State University, Museum Building, Room 337  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755**

**University Place, Bennion Student Union Building, Student Services Office  
1784 Science Center Dr, Idaho Falls, ID 83402  
Phone: (208)282-7704 Fax: (208)282-7726**

Student Name: \_\_\_\_\_  
*(Use blue or black ink)* Last First M.I.

ISU ID (Bengal Card #): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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The ISU Office of Financial Aid is bound by the regulations in the Family Education Rights and Privacy Act of 1974 (FERPA). We cannot release your financial aid information to any person, other than yourself, unless written permission is given by you. You cannot review or copy financial records of your parents' information contained in your file. If you wish to release information to others, please complete this form and return it to the Office of Financial Aid.

I hereby give the Office of Financial Aid permission to discuss my financial aid information with the person(s) listed below.

I understand this request will remain in effect for the 2009-2010 academic year unless I revoke my permission in writing.

\_\_\_\_\_  
Name/Agency Relationship to Student

\_\_\_\_\_  
Name/Agency Relationship to Student

\_\_\_\_\_  
Student Signature Date