



Student Financial Aid Services (SFAS)

Information Release Consent Form

Please use the area below to list the name of the person(s) you wish to designate as authorized to receive information about your financial aid account. Please print legibly. Return the completed form to Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.

Student's Name _____

NJIT ID _____ UCID E-mail _____

By my signature below, I hereby authorize the release of any and all information pertaining to my financial aid account, including information protected by the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended in 1988) to the individuals identified below. I understand that these individuals will need to supply my name and NJIT ID (or Social Security number) before the information will be released to them.

Authorized Person (s) _____

Address _____

Relationship to Student __Parent __Spouse __Sibling __Other_____
(check one) (specify)

Authorized Person (s) _____

Address _____

Relationship to Student __Parent __Spouse __Sibling __Other_____
(check one) (specify)

Student's Signature _____ Date _____