



AUTHORIZATION TO RELEASE INFORMATION

STUDENT INFORMATION

AID YEAR: 24/25

LLU ID# or Social Security Number: _____

Name: Last _____ First _____ Middle _____

Please check the school you will attend:

- Allied Health Dental Hygiene Dentistry Medicine Nursing Pharmacy Public Health
- Interdisciplinary Studies Religion Behavioral Health IDP

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The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's record by requiring prior written consent before disclosing confidential information to an unauthorized third party. Records maintained by the Office of Financial Aid are considered to be education records and may not be disclosed without the student's consent. By signing this form, the student authorizes university personnel to release confidential information to a designated third party.

I authorize Loma Linda University, Office of Financial Aid, to release information regarding my financial aid to the following individuals:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Initial each line:

- _____ I understand that this authorization will become effective on the date signed.
- _____ I understand that this authorization will remain in effect until I request in writing to have the authorization withdrawn.
- _____ I understand that this authorization is for the *Office of Financial Aid only*.
- _____ A separate authorization is needed to release any other University held information (i.e. Office of Student Finance/Cashier, Office of University Records, etc...).

REQUIRED SIGNATURE

I affirm that all information supplied is factual and correct.

Student's Signature: _____ Date: ____/____/____

RETURN FORM TO:
 LLU Office of Financial Aid
 11139 Anderson St.
 Loma Linda, CA 92350
 Fax # (909) 558-4283

If you have any questions please email Finaid@llu.edu or call (909) 558-4509