



Authorization to Release Financial Aid Information

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID/SSN	Phone Number

The College of Eastern Idaho (CEI) Financial Aid Office is committed to protecting your privacy as a Title IV Federal Student Aid recipient. We are also required by law to abide by the Higher Education Act (HEA) of 1965, as amended; the Privacy Act of 1974, as amended; the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended; and the Internal Revenue Code (IRC) of 1986, as amended 6103(l)(13).

In December 2019, congress passed the Fostering Undergraduate Talent by Unlocking Resources for Education Act (FUTURE Act), and in 2021 the FAFSA Simplification Act was enacted into law as part of the Consolidated Appropriations Act and amended by the Consolidated Appropriates Act, 2022. The act further amends the HEA Act of 1965, as amended, and impacts the Free Application for Federal Student Aid (FAFSA).

As a recipient of Title IV federal student aid, any information related to your FAFSA cannot be accessed, used, or disclosed to another individual without expressed written consent. If desired, a student may select and designate another individual, such as a parent/contributor, advisor, or mentor, to **participate** in discussions about FAFSA data, including Federal Tax Information (FTI).

Please note: This does not allow anyone to obtain FAFSA information on your behalf. *You must be present for all conversations conducted regarding your Federal Student Aid.*

Section 1:

I agree to allow the following individual(s) to participate in conversations with the CEI Financial Aid Office, its representatives, and myself about my federal student aid. This information is shared to assist me with applying for and maintaining eligibility for financial aid, and it will not be used for any other purposes. I understand this authorization may be revoked at any time by completing the revocation statement below.

Name (Please Print):

Relationship (Please Print):

Student Name (Please Print): _____ Date: _____

Student Signature: _____

A photo ID with signature verification will be required when submitting this form. This authorization will remain in effect for two academic calendar years from the date received.

Section 2:

I understand any information obtained during conversations with the student mentioned in Section 1 and the CEI Financial Aid Office shall be used for the sole purpose of assisting them with the application and ongoing eligibility for Title IV federal student aid.

Designee Name (Please Print): _____

Designee Signature: _____

REVOCATION: **(STOP)**-Complete this section to **REMOVE** this authorization.

I, _____, hereby revoke authorization for the College of Eastern Idaho's Financial Aid Office to provide
(Student Name)

information regarding my financial aid to the individuals(s) listed in Section 1.

Financial Aid Office Use Only	Received By:	Date Received:	ID Confirmed: <input type="checkbox"/>	Comment: <input type="checkbox"/>
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