



The American University of Rome
Via Pietro Roselli 4 – 00153 Rome, Italy

STUDENT FINANCIAL INFORMATION RELEASE AUTHORIZATION

NOTE: This form allows students to grant parents, guardians, spouse an d/or other to access to their financial records maintained by The American university of Rome

DIRECTIONS

In compliance with The Federal Family Education Rights and Privacy Act pf 1974 and the Reagent’s Policy on Access to and Release of Student Education Records, the University is prohibited from providing certain information from your student records to a third party (other than directory information) *, such as information on grades,billing, tuition and fees, financial aid (including scholarships, grants, work study or loans).

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a complete Student Information Release Information authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the University’s finance Office (building A – Ground floor) or send it by mail at the address given above. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address.

NOTE: This release overrides all FERPA directory suppression information that you have set up in your student financial record. This information release authorization is intended for use only by the offices listed below:

- Finance Office
- Admissions and Financial Aid Office

To fill in the form, select the field and type and add your signature in Section C

SECTION A – Student Information		
Name (last,first, middle initial)	Social Security Number	Student ID Number
Current mailing address (street or P.O. box number, apartment number, city, state and ZIP code)		Daytime phone number
SECTION B – Third party designee		
Name (last, first, middle initial)		Social Security Number
Address (street or P.O. box number, apartment number, city, state and ZIP code)		Daytime phone number
Relation to student	E-mail address	
<p>Please check one or more of the boxes below to grant authorization to different types of financial student information</p> <p><input type="checkbox"/> Billing statements, charges, credits, payments, past due amounts and or collection activity</p> <p><input type="checkbox"/> Financial aid awards, application data, disbursements, eligibility and or financial aid satisfactory academic progress status</p> <p><input type="checkbox"/> University – maintained loan disbursements, billing, and repayment history, balances, and/or collection activity</p>		
SECTION C		
I hereby authorize The American University of Rome’s Financial Office, Admissions and Financial Aid Office staff to release the above third party, named in Section B, to access the above indicated student financial information.		
This authorization does not permit the third party to make any changes.		
Student’s signature	Date	

*Directory information – can be given without the student’s written consent (i.e. student’s name, address, telephone, e-mail address, date and place of birth, weight, height, degrees and awards received, student level (part-time or full-time), participation in officially recognized activities and sports. Directory information is release to anyone, unless restricted by written authorization of the student. For full explanation and regulatory exceptions visit FERPA web site: <http://www.ed.gov/policy/gen/guid/fpc/ferpa/indexhtml>