OFFICE OF STUDENT FINANCIAL AID
STUDENT CONSENT FORM

According to the Family Educational Rights and Privacy Act (FERPA) students must give the school consent to disclose his or her educational records. The consent must be signed and dated. This consent acknowledges your rights and privacy. This form gives the Office of Student Financial Aid and Claflin University permission to discuss your financial aid with those specific individuals whom you identify by listing them below. Your financial aid will not be discussed with anyone outside of the schools officials who have legitimate educational interest, and those with whom consent is not requited.

Please print the name(s) of the individuals that you give permission to inquire and ask questions about your financial aid.

1._____
Last Name **First Name**

2. _____
Last Name **First Name**

3. _____
Last Name **First Name**

4. _____
Last Name **First Name**

_____
Student Name (Please Print) **Social Security #** **ID#**

_____
Student Signature **Date**