



## 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 form 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.

***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

\_\_\_\_\_  
Claflin ID#

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date