

**IDAHO STATE UNIVERSITY
STUDENT FINANCIAL SERVICES
STUDENT INFORMATION RELEASE AUTHORIZATION**



In accordance with the Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment, I, the undersigned, hereby authorize Idaho State University, Student Financial Services personnel to release financial information contained in my Student Account, and discuss information for the purposes of understanding and meeting university related financial obligations with me (the student) as well as the person(s) listed on this form.

1. _____
(Print Name) (Relationship)
2. _____
(Print Name) (Relationship)
3. _____
(Print Name) (Relationship)
4. _____
(Print Name) (Relationship)

I understand that the person(s) listed on this form will have access via telephone, in person, mail, or fax to the information that may include the following:

My financial aid and scholarship records, including processing and eligibility status as well as award types and amounts. This information will not include specific parental income or asset information.

My university tuition billing account and statements, including credits and debits posted to that account and any refund amounts I may have received.

My university room and board, student health center charges, parking fines, late fines and any other financial obligations, which may include amounts owed as well as amounts paid.

This authorization form does not allow the University to release specific academic information.

I understand that anyone requesting information about my account must provide the full student identification or Bengal ID number at the time they are making their request in order for any information to be released.

I further understand:

I have the right not to consent to the release of my records;

I have the right to review these records upon request;

I have the right to dispute items which I believe to be inaccurate;

This release will remain in effect until a written and signed revocation is delivered to the Student Financial Services Office. Please consult the [Notification of Student Rights Under FERPA](#) to understand your rights and responsibilities with regard to your account at Idaho State University.

Authorize Release of Information

Revoke Release of Information

(Print Student Name)

(Student ID #)

(Student Signature)

(Date)

This information is released subject to confidentiality provisions of the appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.