



2008 – 2009 Financial Aid Consent Form

FEDERAL FAMILY EDUCATION RIGHTS AND PRIVACY ACT
AUTHORIZATION TO DISCLOSE INFORMATION

I, \_\_\_\_\_, a student at Briarwood College,
authorize Briarwood College to disclose information regarding my financial aid
and/or student billing information to the following individuals:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Signature Date