

## **Financial Aid Offices**

Lancaster, Salkehatchie, Sumter, Union

## **Permission to Release Financial Aid Information**

Student's Name:		USC ID:		
The Family Educational Rights and Privacy Act of 197 the University of South Carolina Palmetto College Ca records for the student to anyone not authorized by individual (such as a parent who is not on your FAFS) information in your educational records.	mpus from releasing that student. You ma	personally identifiable informa y voluntarily waive your privac	tion (PII) and educational y rights regarding a specific	
If you would like to grant permission to the Financial record, please complete the chart below.	Aid Office to speak v	vith an individual listed below a	about your financial aid	
Release Start Date:*	*Release End Date:			
*If the release date is blank, we will assume there is no en	d date. You may revoke	this permission at any time by co	ntacting our office.	
Name of Authorized Person or Organization (Please print legibly)	Relationship To You	Email Address	Phone Number	
CERTIFICATION				
Under the Higher Education Act Section 483(a)(3)(E), (FAFSA) and resultant information is specifically restricted as a dependent for IRS tax purposes in the madministration of financial aid. This includes the pare may, however, with the explicit written consent of thorganizations, and any other individual or organizati tribal financial assistance for any component of the compon	ricted and can only be nost recent year, or to ent or spouse, even if he applicant, share FA ion assisting the appli applicant's cost of att ncial aid awards for a mation, must clearly b Aid Office and must o osure of information	e released to the applicant (stude federal, state, or eligible institutheir information was provided FSA data with scholarship-grant cant in applying for and receivite endance. As such an applicant in individual or organization. How the able to confirm their identity will be documented. The institution	dent), parent claiming the ations for the awarding and on the FAFSA. An institution ting organizations, tribaling federal, state, local or may sign a release of their owever, that individual or through some Personally FAFSA related information,	
By signing below, I give my permission for the USC Poperson(s) about my financial aid records. I certify that purposely give false or misleading information, you need to	t all the information	reported is complete and corre		
Student's Signature (Required):		Date:		