



Office of Student Financial Aid • 901 S Haverhill Road • El Dorado, KS 67042

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Fax: 316.322.3316 or Wichita Metro 733.3316

Email: finaidmail@butlercc.edu

Web Site: www.butlercc.edu/fin_aid/index.cfm

Butler Student ID Number:

ARF

Student Last Name

First Name

M.I.

Example: @00111111 or Z00011111

Optional Authorization for Release of Information

(Please read this authorization carefully before you fill out, sign, and date it!)

Anyone I have released my information to listed below, must know my Secret Code Word

(list your Secret Code Word here)

I give the Butler Financial Aid Office permission to release my financial aid information on my behalf to:

- | | <u>Name</u> |
|---|------------------------------|
| <input type="checkbox"/> (Step) Mother | _____ |
| <input type="checkbox"/> (Step) Father | _____ |
| <input type="checkbox"/> Spouse | _____ |
| <input type="checkbox"/> Other person | _____ |
| | Name and relationship to you |
| <input type="checkbox"/> Coach | _____ |
| <input type="checkbox"/> College Department(s): | _____ |
| <input type="checkbox"/> Other Organization | _____ |
| | Name of Representative |

I Do **NOT** want my information released to the following people (this can include the parent that the FAFSA's income is not based on and any other person or college department):

This form does not prohibit the Office of Student Financial Aid from releasing your information as needed to any school official or department with a legitimate educational interest. This includes the Accounts Receivable Office.

Permission examples: college departments such as Accounts Receivable, Athletic Department, or coaches, instructors, parents, spouse, etc. This information may include required documents, amount of aid awarded or disbursed, parent and student information (except income information) related to the Financial Aid process, probation/suspension requirements, and documentation needed due to special circumstances. This form does not give permission for the releasing of your physical documents. This authorization will NOT give the Individual/School access to your pipeline@butler account.

NOTE: Because of FERPA (Federal Educational Right to Privacy Act) requirements, this release will not allow the Individual/School/School department to request any written or electronic information about me that could be released to a third party.

Copies of this authorization are as valid as the original release signed by me. **This authorization will be used while I am a student at Butler or until I request in writing that it be made invalid. Please Fill Out in Ink!**

Student Printed Name

Student Signature

Date

Spouse or Parent Printed Name

Spouse or Parent Signature

Date

(Only Required if Spouse or Parent Information is Included on FAFSA)