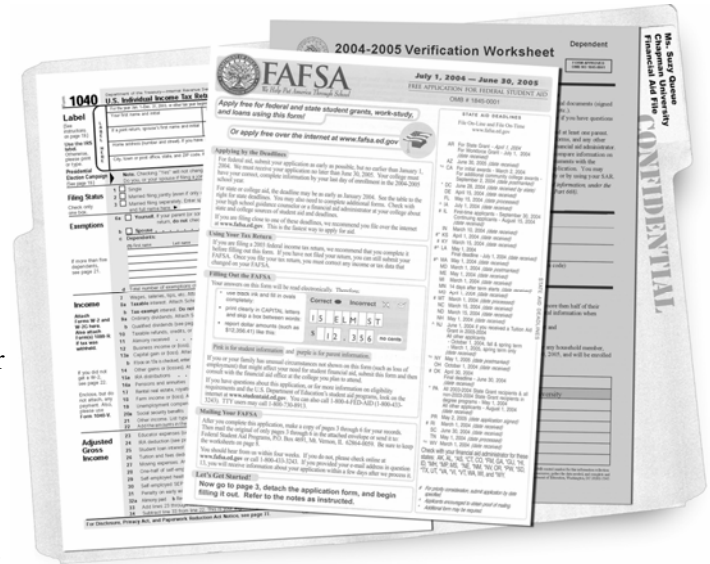


RELEASE OF EDUCATIONAL RECORDS CHAPMAN UNIVERSITY

In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974 as amended, students must provide written consent if they would like the Financial Aid Office to share information with parents, spouses, or any other person or groups of persons.

By completing and submitting this form, you are authorizing the Financial Aid office, and *only* the Financial Aid Office, to discuss the details of your financial aid application and award with whomever you designate. If you wish the below designated parties to discuss other information about your education records not related to financial aid, you must sign a release of information with the appropriate office. You may void this authorization at any time by writing the Financial Aid Office.



I, _____
STUDENT NAME

STUDENT ID

hereby authorize the Chapman University Financial Aid office to release and/or discuss information regarding my financial aid application, eligibility, and award to the following parties or class of parties:

NAME

RELATIONSHIP

NAME

RELATIONSHIP

NAME

RELATIONSHIP

SIGNATURE

DATE

PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT THE ADDRESS OR FAX NUMBER INDICATED AT THE BOTTOM OF THIS PAGE.

RELEASE AUTHORIZATION

Release or transfer of the above information to any other person or organization is prohibited. An additional written consent must be obtained if any of the information is to be transferred to another person or organization. This form must be completed in full before information can be released. Copies of this form should be retained by all individuals whose names appear above.