



FERPA Authorization & FERPA PIN Form

FERPA NOTICE: The Family Educational Rights and Privacy Act of 1974 (FERPA) governs the release of educational records maintained by an institution of higher education, along with access to student records, including requests for information from parents, guardians, spouses, or others as designated by the student. Without a student's written consent, Lindsey Wilson University may not disclose information about a student's financial aid records or student account, except as permitted under FERPA.

To grant specific individuals access to your educational records, specifically your financial aid information account information, please complete this form and submit it to the Financial Aid Office or Student Accounts. Confidential information that can be shared with those authorized by the student. Please note that these authorizations do not extend to deans, faculty advisors, instructors, or other offices on campus.

To comply with FERPA regulations safeguarding educational records, a unique identifying code will be required prior to giving out any confidential information to either the student or those authorized to receive information over the phone. Those authorized will be required to provide the student's name, their relationship to the student and the FERPA PIN.

Any individual who does not have the FERPA PIN will need to contact the student for this information. If the student has forgotten their PIN, they will need to contact the Financial Aid Office at financialaid@lindsey.edu or Student Accounts at businessoffice@lindsey.edu using their LWU Email Account.

Student's **Legal** Name: _____

Student's **Preferred** Name: _____

Student ID: _____

Signature: _____ Date: _____

FERPA PIN: Select a number or code word that can easily be remembered by you and whoever you authorize (minimum of 4 characters and a maximum of 8). Please do not use your SSN, Bank PIN or date of birth.

My FERPA PIN: _____

I hereby authorize access to my financial aid and student account records to the individuals listed on the FAFSA and/or listed below. I understand this authorization will remain in force until I complete a form to change this request.

Name: _____

Relationship Student: _____

Name: _____

Relationship to Student: _____