

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA) STUDENT LOAN INFORMATION RELEASE FORM

*If you wish specific loan information to be released to another person (ie: parent or spouse),
per Federal Regulations you must provide written authorization.*

I hereby authorize the Office of Financial Aid of New England Law | Boston to release information regarding my student loans to:

_____ (name & relationship)

_____ (address & phone number)

_____ (email address)

_____ (name & relationship)

_____ (address & phone number)

_____ (email address)

I do not want information released to anyone other than myself. (Please note that if you check this, your parents or spouse CANNOT get information on your loans if they contact us.)

Name _____

Email _____

Address _____

Home () _____

City _____

Cell () _____

State & Zip Code _____

DIVISION (Circle) D E	YEAR IN LAW SCHOOL (Circle) 1 2 3 4	STUDENT I.D.
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Student Signature

Date

