

In Compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Higher Education Act, Quinnipiac University Frank H. Netter School of Medicine and the Office of Financial Aid are unable to share personal identifiable information, federal taxable information, or financial aid package information without a signed and dated release from the student. This form allows our office to discuss various parts of a student's financial aid to a third party only to assist the applicant in applying for or receiving Federal, State, local, or institutional aid.

**Step 1: Student Information**

Student's Name (please print) \_\_\_\_\_

Quinnipiac ID # \_\_\_\_\_

**Step 2: List the person to whom the information is to be released.**

Third Party Name(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Step 3: Please check the information that can be released.**

Federal Taxable Information (includes but not limited to tax filing status, adjusted gross income, income earned from work, etc. information disclosed under section 6103(l)(13) of title 26) This applies only to the disclosure of **2023 tax information** used in preparing your 2025-2026 FAFSA.

Student Aid Index (SAI) (formerly known as EFC or Estimated Financial Contribution)

Permission to release my financial aid information including SAI, cost of attendance, award eligibility, awards received, award amounts/disbursements, refund information to state and federal agencies.

Permission to release my financial aid information including SAI, cost of attendance, award eligibility, awards received, award amounts/disbursements, refund information to third parties (including landlords, scholarship organizations, etc.)

Federal Loan Eligibility and/or Private Loans (including Satisfactory Academic Progress status)

Satisfactory Academic Progress status as it relates to financial aid eligibility.

Institutional Scholarships (eligibility, scholarship awards, scholarship renewal terms, non-award of scholarship, non-renewal of scholarship)

Other (please describe below):  
\_\_\_\_\_

By signing below, I authorize Quinnipiac University to release the information noted above to the person indicated above for the purpose of aiding and awarding financial aid. My consent will remain in effect for the duration of the academic school year (July 1, 2025, to June 30, 2026) or until I revoke via written notice.

Student's Signature (no font signatures accepted) \_\_\_\_\_

Date \_\_\_\_\_