Quinnipiac
Frank H. Netter MD
School of Medicine

Authorization to Release Student Information

2026-27

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA) and the Higher Education Act of 1965, ***Quinnipiac University*** is prohibited from disclosing certain information from your student records to third parties without your consent. Student Information includes details such as identifiable information, federal taxable information or financial aid package. However, if you wish to allow access to this information, you must authorize its release by submitting this signed and dated consent form annually.

By completing this form, you grant ***Quinnipiac University*** permission to share Student Information with third parties for the sole purpose of processing your application for Federal, State, or Institutional Aid and disclosing specific aspects of your financial aid to a designated third party. Once completed, the form can be submitted to the School of Medicine Financial Aid office via Quinnipiac email, fax, mail or in person.

1) Student Information

_____

Student's Name (please print) Quinnipiac ID #

2) Third Party Designee: Type:

☐ **Federal or State Agency** ☐ **Landlords, Scholarship Organizations** ☐ **Parent/Guardian/Spouse/Other**

Third Party Name(s) _____

Relationship to Student _____

3) Purpose of Release (check all that apply):

☐ Federal Taxable Information

Includes but not limited to:

- Tax Filing status
- Adjusted gross income
- Income earned from work
- Other financial details disclosed under Section 6103(1)(12) of Title 26

Applies only to the disclosure of 2024 tax information used in preparing your 2026-27

☐ *FAFSA* Student Aid Index (SAI)

- A number from your FAFSA used to determine financial aid eligibility (formerly known as EFC or Estimated Financial Contribution)

☐ Authorized Financial Aid Disclosure: Permission to release my financial aid information including:

- SAI and Cost of attendance
- Award eligibility
- Awards received and award amounts
- Disbursement and refund

☐ Federal Loan Eligibility and Private Loans

- Including Satisfactory Academic Progress (SAP) status

☐ Satisfactory Academic Progress (SAP)status elated to financial aid eligibility.

☐ Institutional Scholarships

- Eligibility, scholarship awards, renewal terms, or reasons for non-renewal (including non-award or non-renewal of scholarship).

☐ Other: Please specify: _____

By signing below, I authorize ***Quinnipiac University*** to release the information noted above to the third-party designee indicated above in reference to the purpose of this release. My consent will remain in effect for the duration of the academic school year (July 1, 2026, to June 30, 2027) or until I revoke via written notice.

_____

Student's Signature (***no font signatures accepted***) Date