



**SUFFOLK  
UNIVERSITY  
BOSTON**

**LAW  
SCHOOL**

CFXXFERP

***AUTHORIZATION TO RELEASE FINANCIAL AID INFORMATION  
(FERPA)***

The purpose of FERPA (Family Educational Rights and Privacy Act 1974) is to afford certain rights to students concerning their education records. The Act specifies that parents or spouses of post-secondary students have no inherent right to inspect a student’s education records. The right to access records is limited solely to the student. In order to comply with all of the provisions of the Act, Suffolk University Law School cannot provide certain information to anyone other than the student – regardless of who is paying the bill. Any student who wishes to permit other individuals access to their financial records may do so by signing this authorization form and submitting it to the Office of Financial Aid at the address listed below. Upon receipt of this signed authorization form, the Suffolk University Law School Office of Financial Aid may discuss student financial information with the designated individual(s).

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I hereby authorize and request Suffolk University Law School to discuss all information relating to my financial aid with the individual(s) named in this document:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Identifier or SSN:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Identifier or SSN:** \_\_\_\_\_

A copy of this authorization is as valid as the original. This document will remain in effect until revoked by the student in writing.

**Student Name (Print):** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Suffolk University Law School  
Student Financial Services Office  
Location: 73 Tremont Street, 6<sup>th</sup> Floor  
Mailing Address: 8 Ashburton Place  
Boston, MA 02108  
Phone: 617-573-8488 FAX: 617-720-3579***