

Financial Account Release of Information and Cash Management Authorization

Student Name: _____ Student ID (A00): _____

Please read, complete, and sign the important authorization statements below. Your responses will be noted in our customer service systems to help manage your release preferences from the date your document is returned, throughout your enrollment at Norwich University, and after. You may rescind your authorizations by providing a signed statement to the Student Financial Planning or Bursar Offices. **This is not an authorization to release academic information.**

A: RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) and other laws protect the privacy of non-directory student education records. Non-directory information includes specific details related to admissions, academic, financial aid records, and billing account records. The Admissions, Bursar and Student Financial Planning Offices will not release confidential information to anyone other than the student or Norwich University staff with a direct need for the information without written consent from the student. By signing this form, the student authorizes University personnel to release non-directory information to people designated by the student.

Authorization Statement: I understand that I am not obligated to complete this form and that if I do:

1. The Admissions, Bursar and Student Financial Planning Offices will communicate with person(s) listed on this form via telephone, in person, or by U.S. and electronic mail about all aspects of my financial aid application and eligibility, and my billing account information;
2. This release authorization includes permission to provide paper copies of any documents related to my financial aid application;
3. Information to be shared may include, but may not be limited to, information such as financial aid and scholarship types, data provided on the student's Free Application for Federal Student Aid or other financial aid documents, documents required to meet income verification or special review requirements; processing and eligibility statuses, award amounts, balance due and payment history information.
4. This authorization will remain in effect until revoked in writing;
5. I may update this list by providing a signed change of information request to the Student Financial Planning or Bursar Office; and that
6. **Requestors must provide their information access Code Word before information will be provided and that if no Code Word is provided we may not be able to answer the requestor's questions.** Be sure to inform your release-to persons of their Code Word which may be any combination of words, letters and/or numbers.

Name 1: _____ Relationship: _____ Code Word: _____

Name 2: _____ Relationship: _____ Code Word: _____

*** Student Signature: _____ Date: _____

B: CASH MANAGEMENT SERVICES

Authorization Statement: Norwich University has permission to use my Federal Student Aid Program Grants or Loans (Pell Grant, Stafford Loan, Perkins Loan, etc), State Grants, and all other financial aid program funding to pay all charges owed to Norwich University for any reason. In addition to program rule allowable charges for tuition, standard fees, room, and board, additional charges to be paid may include but are not limited library fines, parking tickets, course-specific fees, and property repairs. This remains in effect until revoked in writing.

*** Student Signature: _____ Date: _____

Return Your Form by Mail To: OR Return by Fax To: OR Return by "Scan to Email" To:
Norwich University (802) 485-2024 nufinaid@norwich.edu
Student Financial Planning Office
158 Harmon Drive
Northfield, VT 05663