Norwich University
Student Financial Planning and Bursar Office Authorizations
Financial Account Release of Information and Cash Management Services

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 requests 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.

A: RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) and other laws protect the privacy of confidential student educational records. Confidential 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 without written consent from the student. By signing this form, the student authorizes University personnel to release confidential information to the people designated by the student. This is not an authorization to release academic information.

Authorization Statement: I understand that 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 information such as financial aid and scholarship types, data provided on the students Free Application for Federal Student Aid or other financial aid documents, processing and eligibility statuses, award amounts, balance due and payment history information. If no names are listed, do not release my confidential information. This is not an authorization to release academic information.

This authorization will remain in effect until revoked in writing. I understand I may update this list by providing a signed change of information request to the Student Financial Planning or Bursar Office.

Name 1: ____________________________  Relationship: ____________________________
Name 2: ____________________________  Relationship: ____________________________

 *** Student Signature: ____________________________  Date: ____________________________

B: CASH MANAGEMENT SERVICES

Authorization Statement: Norwich University has permission to use my Federal Student Aid Program Grants or Loans (Pell, Stafford, 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, 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
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