

1700 SW College ● Topeka, KS 66621 (785) 670-1151 ● (785) 670-1079 fax washburn.edu/financial-aid ● financialaid@washburn.edu

Third-Party Scholarship Authorization Form

*This form does not replace the FERPA.

In compliance with Family Educational Rights and Privacy Act of 1974 (FERPA), the University is prohibited from sharing education records, including all financial records, to anyone other than the student without the student's explicit written permission.

For more information:

http://www.washburn.edu/current-students/business-office/privacy-rights.html http://www.washburn.edu/statements-disclosures/ferpa/

At your discretion, you may grant the University permission to release information about your student records to a third party for scholarship purposes by submitting this form. A separate form is required for each third party to whom you grant access to your student record information. **Note:** For the third party designee (Company/Donor/Foundation) you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

Submit your completed form to the Student One Stop or mail to the address listed above.

Section A: Student Information		
Name (Last, First, Middle Initial)		WIN
Current mailing address (street, apartment number, city, state, and zip code)		Phone Number
Section B: Third-party designee (Company/Donor/Foundation) Name		
Name		
Please check one or more boxes below to grant authorization:		
,	□ Student ID number	☐ Academic progress status
8	☐ Demographic Information	☐ Enrollment information
	□ Eligibility	☐ Satisfactory academic progress
☐ Application Data (FAFSA)		
☐ Other (please specify):		
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Section C: Certification		
I authorize that the Financial Aid Office of Washburn University may disclose and discuss confidential information from my education		
record with the above third party, named in Section B. This authorization does not permit the third party to make any changes. <i>Please</i>		
note: This form shall remain in effect until revol	ked by you in person.	Date
Student's signature:		Date
I hereby revoke this authorization for release of information.		
<u> </u>		
tudent's Signature	Date	

Washburn University prohibits discrimination on the basis of race, color, sex, religion, age, national origin, ancestry, disability, marital or parental status, sexual orientation/gender identity, genetic information, or other non-merit reasons, in University programs and activities, admissions, educational programs or activities and employment, as required by applicable laws and regulations. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director, Washburn University, 1700 SW College Ave., Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu