

Eastern Oregon University
Financial Aid Office
Authorization to Release Information

The Federal Education Rights and Privacy Act prohibits educational institutions from disclosing detailed information on your account. To allow EOU to share your financial information with your parents, guardians or other people who you designate, please complete the following form.

Please follow these steps:

- 1) Fill out the following form.
- 2) Return it to:

Financial Aid
Eastern Oregon University
1 University Blvd
La Grande, OR 97850
FAX 541-962-3661

I, _____, Student Account# _____,
Print Student Name SSN, or Student ID number

authorize Eastern Oregon University to release detailed information to

_____. I want this person to have information at their
Recipient of Information

request about my financial aid at EOU.

I am requesting information be shared so as to facilitate either the processing of my student aid at EOU. This authorization will remain in effect until I submit a written request to discontinue this arrangement.

Signature _____ Date _____