

Privacy Release Statement

By signing this form, you are allowing Xavier University's Office of Financial Aid to release certain information contained within your education record to the individuals you have identified below. Federal law allows the release of this information to certain other individuals that may not be listed below. These individuals include employees of Xavier University, certain officials of the U.S. Department of Education, and parents of a student considered a dependent under the *1954 Internal Revenue Code*. You may amend or rescind this authorization statement at any time by submitting a written request of such to the Office of Financial Aid.

I allow the Office of Financial Aid to release the following information upon request: (Please check all that apply.)

- Financial Aid Information
 Bursar Account Information
 Academic Information

I allow the following individuals to have access to the information I have identified above:

My parent(s) or legal guardian(s)

Print the name(s) of each parent or legal guardian

My stepparent(s)

Print the name of your stepparent(s)

My scholarship donor or possible scholarship donor

Print the name(s) of any scholarship donor or agency

Other

Print the name(s) of any other individual(s) or agencies not previously listed

Student's Name

Student's Social Security Number

Student's Signature

Date