

International University of Nursing, St. Kitts

Office Of Financial Aid

PERMISSION TO DISCLOSE FINANCIAL AID RECORDS

*It is the policy of International University of Nursing, St. Kitts, in accordance with the **Family Educational Rights and Privacy Act (FERPA)**, to withhold disclosure of personally identifiable information from educational records unless the student has consented to disclosure or FERPA allows disclosure.*

The financial aid staff cannot speak with anyone but you regarding your financial aid. If someone (parent, spouse, sibling, friend) will be assisting you with your financial aid, you must give us permission to release your personal information to him/her. You may consent to having this information disclosed to more than one person. Please complete this form and return it with your application documents. By signing this form, you give representatives from the Office of Financial Aid at IUON permission to disclose the details of your financial aid records to the person(s) designated below. This consent will remain in effect throughout the time that you are a student at IUON.

You may revoke this consent at any time by notifying the Office of Financial Aid in writing.

Check the box(es) below and write the appropriate name(s) to indicate your consent for International University of Nursing, St. Kitts to disclose financial aid information to your parent(s), legal guardian(s), or other designated person(s).

- Mother Name _____ Phone Number _____
- Father Name _____ Phone Number _____
- Legal Guardian Name _____ Phone Number _____
- Legal Guardian Name _____ Phone Number _____
- Other (specify) Name _____ Phone Number _____
- Other (specify) Name _____ Phone Number _____
- Other (specify) Name _____ Phone Number _____

Check the box below if you do not authorize International University of Nursing, St. Kitts to disclose educational information.

- Do not release my financial aid information to any one.

Please complete the information below and sign.

Student's Name _____ ID# _____

Signature _____ Date _____