

UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry

Family Educational Rights and Privacy Act – FERPA provides students certain rights with respect to their education records. Records created and maintained by the financial aid office are considered to be education records and may not be disclosed without the consent of the student. Written notice is needed to waive this requirement.

Student: _____

SSN: _____

Please Circle Discipline: DDS IDS Ortho

Please indicate the year you will graduate: _____

I authorize the Arthur A. Dugoni School of Dentistry, Office of Financial Aid to release/discuss my Financial Aid Information to/with the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Certification Statements:

- a. I understand that this authorization will become effective on the date signed and it is effective for the duration of the program.
- b. I understand that this authorization will remain in effect until I request in writing to have the authorization withdrawn.
- c. I understand that this authorization is for the Office of Financial Aid **only**.
- d. A separate authorization is needed to release any other University held information (i.e. Business Office, Academic Affairs, etc...).

Signature: _____

Date: _____

Return to: Financial Aid Office
2155 Webster Street, Room 202
San Francisco, CA 94115
(415)929-6452 Phone
(415)749-3363 Fax