

**MASSASOIT COMMUNITY COLLEGE  
FINANCIAL AID OFFICE PERMISSION TO DISCUSS FORM**

Family Educational Rights and Privacy Act of 1974 (FERPA)

\_\_\_\_\_ **V00** \_\_\_\_\_  
**Student Name** **Massasoit Student ID**

Massasoit College maintains the privacy and confidentiality of student records in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA). The Act protects the privacy of educational records, provides students with rights to inspect, review and amend educational records, and establishes rules for the permissible release of educational records without a student’s consent.

For the College’s complete Student Records Policy, please refer to the Student Handbook or visit the College website at: [www.massasoit.edu/academics/policies/student-records-FERPA/index](http://www.massasoit.edu/academics/policies/student-records-FERPA/index).

By signing this form, I authorize the College and/or its employees to discuss and release information about my financial aid application and eligibility to the individual(s) specified below.

This includes, but is not necessarily limited to, information about my Free Application for Federal Student Aid (FAFSA), my Satisfactory Academic Progress (SAP), my financial aid award, my tuition payment plan, my student account balance, appeal decisions, account holds, and financial aid refunds/withdrawal calculations.

Full name, relationship, and address of person(s) with whom we can discuss your information:

\_\_\_\_\_  
 (Name) (Relationship to you) (Address)

\_\_\_\_\_  
 (Name) (Relationship to you) (Address)

\_\_\_\_\_  
 (Name) (Relationship to you) (Address)

By signing this form, I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to the Financial Aid Office at the College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_