



General Release of Financial Aid Information

Note: Financial aid information is limited to award types, SAP status, and application status.

I, _____,
(Student's Full Name, printed)

agree to waive my rights under the *Family Rights and Privacy Act of 1974 (FERPA)*. I assign to

(Printed Name(s) of Individuals to which Student is Assigning this Privilege)

the right to receive information maintained by Christopher Newport University's Office of Financial Aid, including but not limited to: financial information, financial aid history and awards, notices of aid probation or suspension, and appeals of aid suspension. This assignation begins on (date)_____ and will continue until such time as I rescind this release in writing and deliver such document to the Office of Financial Aid.

Assigning the above named individual(s) rights to this information does not waive my liability of responsibility to Christopher Newport University.

Student Signature

Social Security Number (Optional)

CNU ID #

Assigned Individual Signature

Date

Social Security Number (Optional)

Assigned Individual Signature

Date

Social Security Number (Optional)

To rescind this permission to release financial aid information, the student must submit a written request to the Office of Financial Aid. Upon receipt, this authorization will be immediately terminated.