



DIVISION OF STUDENT AFFAIRS

Office of Financial Aid & Scholarships

**2020-2021 STUDENT CONSENT FORM
(July 1, 2020 to June 30, 2021)**

STUDENT INFORMATION: (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY)

_____	_____	_____
Last Name	First Name	Student's ID
_____	_____	_____
Phone Number		Date of Birth

INSTRUCTION:

The Family Educational Rights and Privacy Act of 1974 (FERPA) 20 U.S.C. 1232g prohibits the release of confidential information to anyone outside of the institution the student is attending; without the student's written consent. Therefore, the FA&SO requires students to sign this Consent Form to authorize the Financial Aid & Scholarships Office (FA&SO) to release confidential information to an individual(s) from their financial aid file. Certain confidential information grades, GPA, billing statements, academic standing, enrollment, financial aid status includes eligibility, scholarships, grants, or work study and other student record information.

- Any information will be made available only if a signed consent form is in the student file.
- Authorized individual(s) does not have permission to make any changes to your educational/financial records (classes, change your personal information, awards, etc.)

I, _____ - _____ authorizes the individual(s) listed below to obtain
(Print Name) (Social Security)
Information regarding my educational and financial aid status.

1. _____
(Name of Individual) (Relationship)
2. _____
(Name of Individual) (Relationship)

CERTIFICATION AND SIGNATURE

The Federal Family Education Rights and Privacy Act (FERPA) 20 U.S.C. 1232g. Protect the privacy of student educational information and records that the college maintains about me (student). By signing below, I give permission to Dine College and Financial Aid & Scholarships Office to disclose any information provided in connection to my financial aid and educational records. This may include information from my financial aid information, official transcript and educational records.

Student Signature	Date
_____	_____

FOR FINANCIAL AID OFFICE ONLY

FA Initials	Date	Comments:
_____	_____	_____

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