

## GIVING OTHERS ACCESS TO YOUR FINANCIAL AID INFORMATION

In order to protect your privacy, federal law restricts access to personal information about you. Access to basic directory information (name, address, phone number, major, etc.) is generally available to the public unless you request that the Registrar's Office withhold this information (referred to as a "privacy hold").

Access to other specific information about you is limited to you, to school officials, and to individuals to whom you give written permission. If you want to give your parents, your spouse, or others access to your financial aid information, please do the following:

1. Complete the following form and submit it to the Financial Aid Office
2. Make sure you do not have a privacy hold with the Registrar's Office
3. Learn your T Number (Available upon admission to the University)
4. Give your T Number to those you wish to have access.

### Access to your information over the phone:

If you wish to have access to information about your account over the phone (even if you don't wish to give access to anyone else), you must know your T number and you **cannot** have a privacy hold. Our office will give **no** information over the phone (including acknowledging a student is even registered with SUU) about students who have a privacy hold.

### AUTHORIZATION FOR ACCESS TO FINANCIAL AID INFORMATION

I hereby authorize the following individual(s) access to my records in the Financial Aid Office at Southern Utah University. I understand that this authorization can be revoked by notifying the Financial Aid Office in writing.

Name(s) of Person(s) to be given access	Relationship to you	Date of Birth (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DO NOT sign this form until instructed to do so by a Financial Aid Official.  
Picture ID is required. Mail-in requests MUST be notarized.**

_____	_____	T _____
Student's Signature	Social Security Number	T Number

**Signed in the presence of:** \_\_\_\_\_  
Financial Aid Office Official

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

Seal	_____ Notary Public
	_____ My Commission Expires

**Photocopied or faxed signatures are not acceptable.**