

ENROLLMENT MANAGEMENT AND STUDENT SUCCESS Financial Aid Office

2025-2026 Student Information Form

Last Name	First Name	UOG ID Number
Primary Contact Number	Date of Birth	Program of Study
Expected Graduation Date	Last 4 digits of Your Social Security Number	
FAMILY EDU	CATIONAL RIGHTS AND	PRIVACY ACT (FERPA)
PER	MISSION TO RELEASE I	NFORMATION
student financial aid may NOT be re permission. PLEASE NOTE: THIS AU	leased to a third party (i.e. THORIZATION PERTAINS TO	1974 as amended (FERPA), information about your your parents, spouse, etc.) without your written D STUDENT FINANCIAL AID INQUIRIES ONLY . Resions and Records, Bursar, Housing, etc.) are not
To remove previous designated FER student financial information and in		licating that you do <u>not</u> authorize the release of vious designated FERPA individual.
This FERPA form is effective per aca a FERPA.	ademic year. A new form wi	ill be submitted should student wish to designate
	-	tion to a third party. I aid with the Financial Aid Office at the University of
Name	Date of Birth	Relationship to student
		for loans, <u>complete the loan requirements</u> and the term's deadline below.
FANUCHÅNAN (fall) October 17, 202		FAÑOMNÅKAN (spring) 2026: March 20, 2026
I hereby certify that the information I had	ave given on this form are comp	plete and true to the best of my knowledge and belief.
Student Signature		Date