CLAFLIN UNIVERSITY

OFFICE OF STUDENT FINANCIAL AID
STUDENT CONSENT FORM

According to the Family Educational Rights and Privacy Act (FERPA) students must give the school consent to disclose his or her educational records. The consent form must be signed and dated. This consent acknowledges your rights and privacy. This form gives the Office of Student Financial Aid and Claflin University permission to discuss your financial aid with those specific individuals whom you identify by listing them below.

Please print the name(s) of the individuals that you give permission to inquire and ask questions about your financial aid.

1._____
Last Name **First Name**

2. _____ _____
Last Name **First Name**

3. _____
Last Name **First Name**

4. _____
Last Name **First Name**

_____ _____
Student Name (Please Print) Claflin **ID#**

_____ _____
Student Signature D**ate**