



Financial Aid Office
Campus Box 6686
Mars Hill, NC 28754
(828) 689-1147
FAX: (828) 689-1300

Family Educational Rights and Privacy Act (FERPA)

Financial Aid Office personnel may speak with the following persons regarding my financial aid. (If you do not want anyone in the FAO to discuss your financial aid with anyone besides you, please write N/A in the lines below). My signature below indicates that I waive my right to privacy regarding financial aid to the listed parties. If you do give someone permission to speak with the Financial Aid Office, they will be asked for the last four digits of your Social Security Number and your birth date.

This form goes into effect upon your enrollment at Mars Hill University, and will remain active during your enrollment. You may change the people listed at any time by going to the Financial Aid Office and adding/deleting names and signing the form again.

I give permission for the Financial Aid Office at Mars Hill University to speak with the following individuals regarding my financial aid:

Person's Name (Please print)	Relationship to you

Student's printed name: _____

Student signature: _____

Date: _____