

Please return this form directly to the Student Financial Aid Office, Attn: Debra Rempfer

FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

I, _____, do hereby give permission to release the following financial aid records:

I request that the above record(s) be released to the Department of Electrical Engineering for the purpose of being considered for the OMRON Scholarship.

Student's Name: _____

Address: _____

Z-ID: _____

Date: _____

SIGNATURE: _____