

Hope Chicago Data Release Authorization 2024-2025



NORTHERN ILLINOIS UNIVERSITY

Financial Aid and Scholarship Office

Your Future. Our Focus.

Submit to:

Financial Aid and Scholarship Office

Swen Parson Hall 245

DeKalb, IL 60115

NIU Student Information:

For scanning purposes, use black or blue ink to complete this form.

Name _____ Z-ID _____
Last Name First MI

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. FERPA generally prohibits schools from releasing education records or certain information contained in such records, such as grades, billing and payment records, financial aid offers, and other student record information, to third parties. For further information on FERPA, see https://www.niu.edu/divresearch/_pdf/ferpa-ppra-guidance.pdf and <https://www.niu.edu/registration-records/about/confidentiality/index.shtml>.

Schools are also limited by federal law in how FAFSA information can be used. Schools may share a student's FAFSA information with scholarship-granting or tribal organizations only with the student's written consent. However, NIU may be prohibited from sharing FAFSA data with other types of third-party organizations, even when the student has given written consent.

Students may grant the NIU Financial Aid and Scholarship Office permission to release information to a third party by submitting this consent form. You must identify the individual/organization to whom you wish to provide information. The requested information will then be made available only if it is permissible under law.

One form must be completed annually per organization.

Complete the following section only if you want another person/organization to have access to information related to your federal, state, and/or institutional financial aid.

I, _____, authorize and request the Financial Aid and Scholarship Office at NIU to release 2024-25 financial aid and/or FAFSA data that is necessary to grant a scholarship award to the entity specified below:

☐ Scholarship Organization: Hope Chicago

By signing this request, you, the student, certify that you are granting the Financial Aid and Scholarship Office permission to release your financial aid, FAFSA, and/or FERPA-protected academic data to the organization indicated above. This could include but is not limited to financial need, EFC, Pell eligibility, Parent/Student income/asset level, FAFSA filing status, GPA, and enrollment level.

This disclosure is valid only for financial aid information that is necessary to grant a scholarship award for the year specified above.

Student Signature: _____ Date: _____

NOTE: Electronic signatures will not be accepted

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