



1000 West Court Street
 Seguin, Texas 78155-5978
 830-372-8050 • www.thu.edu

FINANCIAL AID ADDENDUM

Confidentiality Waiver

Student Name: _____

ID: _____

Instructions: The Family Educational Rights and Privacy Act (FERPA) regulations protect you from disclosure of non-personal information from your educational record. To ensure your privacy, we will ask for personally identifying information each time you call our office. These will include your name, student ID number and date of birth.

FERPA allows the Office of Financial Aid to discuss your financial aid application and the financial aid awarded with the parents of dependent students. To ensure that we do not release information that you, your spouse (if you are married) or your parents do not want disclosed, we ask that you complete the information below identifying those people with whom we can discuss your financial aid application data and financial aid awards. If you are married, we cannot discuss your financial aid application data or your financial aid awards with your spouse unless you have specifically authorized us to do so.

Relationship:	Father	Mother	Step-Mother/Step-Father	Spouse	Other : _____
First Name					
Last Name					
Home Phone					
Work Phone					
Best time to call					
May we contact at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we release award information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we release student income information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we release parent income information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we release account balance and payment information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I (we) understand that by marking Yes in the spaces provided above that I (we) am giving permission to TLU's Enrollment Services division (includes the Office of Admission, Financial Aid and Registration and Records) and the Business Office to discuss the details of my financial aid and student account records, including documents required, incomes reported on the FAFSA, award and payment information with the people listed on this form.

I (we) understand that this authorization will remain effective until either 1) my dependency status changes or 2) the authorization has been revoked. I (we) understand that I (we) may revoke this permission at any time by submitting a written request to the Office of Financial Aid.

Student Signature: _____ **Date:** _____ **Spouse Signature:** _____ **Date:** _____

Parent Signature: _____ **Date:** _____ **Other Signature:** _____ **Date:** _____

(Parent signature must be provided if you marked yes to releasing parent income information.)