

Privacy Release for Dependent Students

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

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Student Name: _____ USF ID: U _____

Section A:

Complete this form for the parent(s) listed on your FAFSA (**do not include other relatives, friends, teachers, mentors, etc.**). You must designate a passphrase to be used by yourself and your parent(s) as authentication when contacting OFA. Additional authentication questions will be asked to verify the identity of your parent(s). If the passphrase is forgotten, you must resubmit this form.

Note: In order to speak with your parent(s) about aid affected by your academic performance, you must also submit the Office of the Registrar's Student Record Access Authorization form.

*Passphrase:

I authorize the Office of Financial Aid to release/discuss information with the parent(s) listed below pertaining to my application for financial aid.

Complete the Parent 1 and Parent 2 sections below if both of your parents are listed on your FAFSA. If one parent is listed on your FAFSA, list that parent in the Parent 1 section. Parents not listed on the FAFSA cannot have information released under any conditions. If your parent does not have a SSN, enter 0000.

Parent 1: Name: _____ SSN: XXX - XX - _____

Date of Birth: _____ / _____ / _____

Parent 2: Name: _____ SSN: XXX - XX - _____

Date of Birth: _____ / _____ / _____

Section B:

Complete this section **only if** you have a parent not listed above who is borrowing a PLUS loan on your behalf. You must designate a passphrase to be used by yourself and your PLUS borrower as authentication when contacting OFA. Additional authentication questions will be asked to verify the identity of your PLUS borrower. If the passphrase is forgotten, you must resubmit this form.

PLUS Loan Borrower Full Name: _____

I understand that this authorization to release information is for the 2023-2024 school year only. As long as I am a dependent student for financial aid purposes, this form must be resubmitted each year to release information to my parent(s). You may cancel this release at any time by written request to our office.

**This form may take up to 48 hours to be processed.
Information may not be released to your parent(s) until this form has been processed.**

STUDENT SIGNATURE:

Print Name: _____

Student Signature (Ink Only): _____

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