



Gemological Institute of America, Inc.
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2019-2020 FINANCIAL AID INFORMATION DISCLOSURE WAIVER AND AUTHORIZATION FORM

Student Name:

Last, First

GIA Student ID #

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the right to privacy and confidentiality of student records. Schools must have written permission to release student record information. If you wish to authorize the Gemological Institute of America (GIA) Office of Student Financial Assistance to disclose financial aid information to a third party (e.g., parents, siblings, spouse, etc.) for the 2019-2020 financial aid year, please complete and sign this form.

This form must be submitted to: GIA Office of Student Financial Assistance
The Robert Mouawad Campus
5345 Armada Drive, MS # 7
Carlsbad, CA 92008

FAX: 760/603-4421
e-mail: financialaid@gia.edu

I hereby authorize the GIA Office of Student Financial Assistance to release any financial aid information requested to the named individuals below. I understand that any information concerning my financial aid is protected under FERPA. I further understand that I may waive that protection and give access of my records to the individuals of my choice.

Name (First and Last)	Last 4 digits of Social Security #	Relationship to Student

- This disclosure waiver and authorization form is limited to **financial aid information ONLY** and is granted solely to the individual(s) named above.
- I acknowledge that this release is **valid only for the 2019-2020 financial aid year**.
- I understand that I can revoke this release at any time by notifying the GIA Office of Student Financial Assistance in writing.

Student Signature

Date

Accredited member, ACCSC; Accredited member, DEAC

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