United States Merchant Marine Academy
Office of Financial Aid
300 Steamboat Road
Kings Point, NY 11024
T 516.726.5638
F 516.773.5390

Financial Aid Release Consent Form
2026-2027 Academic Year

Student Information

Name: _____ **Class Year:** _____

Academy ID #: _____

Policy: The Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and Higher Education Act (HEA) are federal laws designed to protect the privacy of a student's education records. FERPA generally prohibits schools from releasing education records or certain information contained in such record, such as grades, billing, payment records, and financial aid awards to third parties. Federal law limits how FAFSA/Financial Aid information may be used. However, with the student's written consent, FAFSA/financial aid information may be shared with a scholarship-granting foundation or parent/guardian.

Instructions: To grant the Office of Financial Aid permission to release your financial aid package information to a scholarship-granting foundation or parent, identify each individual and/or organization to whom this information may be released. The information will then be made available only if it is specifically requested by the authorized party.
This office will not release information related to educational grades or medical records

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Authorized Individual or Organization	City/State/Telephone	Relationship to Student

With my signature, I authorize the Office of Financial Aid at the United States Merchant Marine Academy to release my financial aid information as described on this form to the parties I have indicated above.

I understand I may revoke this consent by providing written notice to the Office of Financial Aid. Until this revocation is made, this consent shall remain in effect and my Financial Aid records will continue to be provided to the person(s) listed.

Student Signature: _____ **Date:** _____

Student Cell Phone: _____