



ENROLLMENT MANAGEMENT AND STUDENT SUCCESS
Financial Aid Office

2024—2025 Student Information Form

_____	_____	_____
Last Name	First Name	UOG ID Number
_____	_____	_____
Primary Contact Number	Date of Birth	Program of Study
_____	_____	
Expected Graduation Date	Last 4 <i>digits</i> of Your Social Security Number	

Housing Plan:	<input type="radio"/> On Campus	<input type="radio"/> Off Campus	<input type="radio"/> With Parent

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

PERMISSION TO RELEASE INFORMATION

In compliance with the Federal Family Right and Privacy Act of 1974 as amended (FERPA), information about your student financial aid may NOT be released to a third party (i.e. your parents, spouse, etc.) without your written permission. **PLEASE NOTE: THIS AUTHORIZATION PERTAINS TO STUDENT FINANCIAL AID INQUIRIES ONLY.** Requests for information maintained by other offices (i.e. Admissions and Records, Bursar, Housing, etc.) are not covered by this authorization.

- I do not authorize release of my student financial aid information to a third party.
- I authorize the release of information on my student financial aid with the Financial Aid Office at the University of Guam to the individual listed below.

Name

Date of Birth

Relationship to student

I hereby certify that the information I have given in this form are complete and true to the best of my knowledge and belief.

Student Signature

Date