Release of Information to Scholarship Provider

Office of Scholarship Services
UNIVERSITY OF COLORADO **BOULDER**

Name: _____ **ID:** _____
Student's name (please print) Student Identification Number (SID)

To determine eligibility, some scholarship providers need a student's enrollment, academic progress and/or financial need status. For our office to provide this information to scholarship providers, we must have this signed authorization from you, per the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Higher Education Act. Learn more about FERPA: www.colorado.edu/registrar/students/records/ferpa

Acknowledgment

I authorize the University of Colorado Boulder to provide the following information during my enrollment to the applicable scholarship provider(s) listed below. I understand this information will be used only to determine eligibility, award and administer my scholarship and in support of my academic success.

- Data collected from my Free Application for Federal Student Aid (FAFSA) or Colorado Application for State Financial Aid (CASFA), excluding any Federal Tax Information as defined under US Code section 6103(l)(13) of title 26
- Financial aid information: financial aid offer notifications, grants, scholarships, other awards, student employment, loans, disbursements and eligibility
- Student account information: bills, statements, charges, credits, balances, payments, past due amounts or collection activity
- Education information: grades, courses, credits, GPA, registration, student ID number, academic progress, transcripts, enrollment status, attendance, communications with advisors and other college staff deemed relevant for the administration of my scholarship

I authorize the release of information to the scholarship provider(s) listed below, as applicable.

1. The Denver Foundation (Scholarships: Ambassador, Puentes, FirstBank, CUBE, Alma Poe, Francis Mahon)
2. Denver Scholarship Foundation (DSF)
3. Daniels Fund
4. Boettcher Foundation
5. Gear Up

Do you have a scholarship provider that is not listed above?

- ◯ Yes — List the name of any other scholarship provider you need to grant consent to:_____
- ◯ No

This form will stay on file. You're encouraged to keep a copy for your records. You must notify us in writing if you'd like us to stop sharing information with a specific scholarship providers in the future.

By signing this form, I grant the release information to the scholarship provider(s) listed above, as applicable.

_____ _____
Student signature (required) Date

Electronic and typed signatures are not accepted.

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload 77 UCB • Boulder, Colorado 80309-0077 • www.colorado.edu/scholarships