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**TRIO Student Support Services Program**

***Release Of Information***

**I, (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**S.I.D.** \_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Fort Valley State University ***TRIO Student Support Services Program (SSS)*** to obtain information regarding my academic progress (standardized test scores, grade point average, earned credits, transcripts) and financial aid eligibility prior to my participation and throughout my involvement in the ***TRIO Student Support Services Program (SSS)***. I understand that this information is used to assist in the determination of my eligibility for the ***TRIO Student Support Services Program (SSS)*** and will remain confidential. I am aware that my eligibility, participation and financial aid information will be reported to the **U.S. Department of Education** in accordance with the grant funding rules and regulations.

I certify that the information provided on the attached application is true and complete to the best of my knowledge. I also agree to provide additional documentation (upon request) to verify the information reported. I am aware that the personal information that is provided to the ***TRIO Student Support Services Program (SSS)*** will be protected under the *Family Education Rights Privacy Act of 1974 (FERPA)*. No one will have access to the information unless they work for Fort State Valley State University, the Fort State Valley State University ***TRIO Student Support Services Program (SSS)*** or are specifically authorized by me.

Upon formal acceptance into the program, I grant permission to the ***TRIO Student Support Services Program (SSS)*** to have access to my official academic, disciplinary and financial aid records. Additionally, in the course of my participation in the ***TRIO Student Support Services Program (SSS)***, I understand that project staff may consult with various Fort State Valley State University offices and programs to obtain and disclose necessary information pertinent to my continued participation in the program and overall collegiate success.

Finally, I grant permission to the Fort State Valley State University ***TRIO Student Support Services Program (SSS)*** to use my photographs, quotes, statements and/or print my first and last name in any and/or all publications for the **TRIO Student Support Services Program (SSS)**.

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***Signature******Date***