



# MEDICAL UNIVERSITY OF BIAŁYSTOK

FACULTY OF MEDICINE, DEAN'S OFFICE

DIVISION OF MEDICAL EDUCATION IN ENGLISH

ul. Kilińskiego 1, 15-089 Białystok, Poland

## Financial Aid Information Disclosure

### Student Consent Form

Student Name: \_\_\_\_\_

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy and confidentiality of student records. Schools must have written permission to release student record information.

If you wish to authorize the Office of Financial Aid and/or Student Finances at Medical University of Białystok to disclose information to a designated individual (e.g. parents, siblings, spouse, etc.) you must sign and date this form.

By signing this request, you, the student, certify that you are granting the Office of Financial Aid and/or Student Finances permission to release your information to the authorized individual indicated below. This disclosure is valid only for financial aid and student account information.

If you, the student, wishes to revoke the authorization, you must provide a written statement to the Office of Financial Aid.

*For more information regarding FERPA, visit:*

*<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>*

*For information regarding SGU's Privacy Policy and Rights guidelines, access the SGU Student Manual at: <https://apps.sgu.edu/members.nsf/StudentManual>*

I authorize the Office(s) of Financial Aid and Student Finances to disclose information regarding my financial aid and/or student account to my agent(s) while I attend Medical University of Białystok.

**Name of Authorized Agent(s):** *(Please print.)*

**Jane Sutter  
Elwira Baclawska**

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**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_