



Financial Aid office  
**Student Information Form**  
 2026 - 2027

Student Last Name	Student First Name	UOG Student ID	Phone Number
Date of Birth	Program of Study	Expected Graduation Date	Last 4 digits of your Social Security Number

Housing Plan (select one)					
	On Campus		Off Campus		With Parent

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)  
 PERMISSION TO RELEASE INFORMATION**

In compliance with the Federal Family Rights 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. Admission and Records, Bursar, Housing, etc.) are **not** covered by this authorization.

To remove previously designated FERPA, resubmit this form by indicating that you do **not** authorize the release of student financial information and list the name of previously designated FERPA individual(s).

This FERPA form is effective per academic year.

	I do <b>not</b> authorize release of my student financial aid information to a third party. I have listed the individual(s) below.
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	I authorize the release of my student financial aid information with the Financial Aid Office at the University of Guam to the individual(s) listed below.
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Name (last, first)	Date of Birth	Relationship to student

Federal Direct Loans are automatically cancelled. To request loans, complete the loan requirements and submit a Direct Loan Request form before the term's deadline below.

<b>FANUCHÅNAN (fall) 2026:</b> October 16, 2026	<b>FAÑOMNÅKAN (spring) 2027:</b> March 19, 2027
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I hereby certify that the information I have given on this form is complete and true to the best of knowledge and belief.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_