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In accordance with the confidentiality protection of the Internal Revenue Code (IRC) and subject to [26 U.S.C. §6103\(l\)\(13\)](#) of the IRC requirements, and [20 U.S.C. § 1232g](#); [34 CFR Part 99](#) of the Family Educational Rights and Privacy Act (FERPA), institutions of higher education must have the applicant's express written consent to disclose Federal Tax Information (FTI), Free Application for Federal Student Aid (FAFSA) data that may contain personally identifiable information (PII) from education records, and/or other financial aid information to a scholarship-granting organization, including tribal organizations, or to an organization assisting the applicant in applying for and receiving federal, state, local or tribal assistance, that is designated by the applicant to assist in applying for and receiving financial assistance for any component of the applicant's cost of attendance.

Applicants and any applicable contributor(s) must submit a signed and dated **Informed Consent Disclosure** to authorize consent to the Office of Student Financial Services at UTHealth, servicing all component schools, to disclose the aforementioned information or data to the parties identified by the applicant and any contributor to assist the applicant in applying for and receiving assistance.

Individuals permitted *Delegated Access* to a student's education records (academic and personal records relating to scholastic, disciplinary and fiscal matters) with respect to FERPA are not allowed access to FTI.

Institutions are prohibited from disclosing or redisclosing FTI, FAFSA data, and/or other financial aid data for any other purpose, even with the applicant's consent. On request, institutions will provide an applicant with an Institutional Student Information Record (ISIR) containing their FTI, FAFSA data or other financial aid information. The applicant may redisclose their own FTI, FAFSA data and/or other financial aid information at their discretion.

INSTRUCTIONS

1. Complete **one form per organization**.
2. Disclosure period is only valid for one FAFSA cycle per academic year (e.g., 2025-2026)
3. The student and any contributors for the FAFSA cycle must complete and sign this application
4. Upload completed form(s) to myUTH

DISCLOSURE

The information being disclosed may include tax return information disclosed under [section 6103\(l\)\(13\) of title 26](#), other personally identifiable information contained within the FAFSA application and/or other financial aid information with respect to the applicant and may only be used for the purposes stated.

Organization Name _____ Purpose for Consent _____ Disclosure Period _____

PRIVACY NOTICE AND TERMS TO ORGANIZATIONS

Any entity receiving information from an institution of higher education with the applicant's express written consent shall not sell, share, or otherwise use applicant information other than for the express purpose for which consent was granted by the applicant. Inappropriate use, unauthorized disclosure or redisclosure of FTI are subject to criminal penalties punishable under the Internal Revenue Code (IRC), and supplementary regulations therein.

CONSENT

By signing this request, I/We, the undersigned, in accordance with [section 6103\(l\)\(13\) of title 26](#) and [34 CFR Part 99](#), grant consent to the Office of Student Financial Services at UTHealth, servicing all component schools, for the one-time disclosure of time my Federal Tax Information (FTI) transferred to the FAFSA, FAFSA data, non-directory student information and/or other financial aid information to the designated organization for the period of disclosure specified above.

Granting such consent, equally applies to the following, as applicable:

1. The information may only be used for the purpose(s) stated;
2. Withdrawal of consent from any party constitutes the non-disclosure of information to the organization indicated;
3. While it remains the applicant's responsibility to notify the designated organization of the privacy and terms associated with the disclosed information, a copy of this disclosure may be provided to the organization at the discretion of the institution;
4. The applicant may request a copy of the Institutional Student Aid Record containing FTI, FAFSA data and/or other financial aid information whereas the applicant may redisclose the information at their discretion; and
5. An electronic copy of this consent form will be maintained, in accordance with record keeping requirements, which may be requested by the applicant.

Applicant Name _____ Applicant Signature _____ Date _____

Contributor Name _____ Contributor Signature _____ Date _____

Contributor Name _____ Contributor Signature _____ Date _____