



**MASTER OF FINANCIAL ENGINEERING  
SIGNATURE REQUEST  
DISCLOSURE OF INFORMATION**

Under the federal Family Educational Rights and Privacy Act (FERPA), eligible students (individuals who have reached 18 or who attend a postsecondary institution) are guaranteed to have certain control over the disclosure of information from education records (records in any form or format that contain information directly related to a student and are maintained by the institution.).

Thus, accordingly, we ask you to sign below to approve us, as education officials to disclose your contact information including your name, photo, names of the companies you have worked for, addresses, phone numbers, and alternate email addresses. This information will be available to Anderson students, alums, faculty, staff, and some internship sponsors and employers.

I, \_\_\_\_\_, agree to have the above mentioned information disclosed.  
**(Please PRINT your given name and family name)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_