



# Student Information Release Authorization

**STUDENT NAME:** \_\_\_\_\_ **SS#:** \_\_\_\_\_



**I would like to review and obtain copies of my financial aid records listed below.**

Note: I understand that I may not have access to my parents' financial records without their written consent. [See reverse side of this form for Parental Consent Affidavit]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**I would like to have information pertaining to my financial aid released to the third party listed below.** [If this information is to be supplied on another agency's form, please attach a copy.]

Name or Agency		Street Address	
City	State	ZIP	Phone

### Release Authorization

Under federal legislation, namely the Family Educational Rights & Privacy Act of 1974 (FERPA), and City University of New York policy, I understand that my student aid records cannot be released to a third party without my permission. I hereby authorize the Financial Aid Office at Borough of Manhattan Community College to release information from my student aid records to the agency or individual named above.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

PLEASE CHECK ONE (If applicable):



Please mail this information directly to the third party listed above.



Please mail it to me at the following address:

\_\_\_\_\_

\*\*\*\*\*

### OFFICE USE ONLY



Documents given to student



Documents mailed or faxed

\_\_\_\_\_  
Financial Aid Signature

\_\_\_\_\_  
Date



## Parental Affidavit for Release of Financial Information

TO: Financial Aid Officer

FROM: \_\_\_\_\_  
(Parent's Name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Under Federal legislation, the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my financial records cannot be released to my child without my written permission.

I, therefore, request that the information listed below be released to my child:

\_\_\_\_\_  
(Student's Name) (Student's SSN)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Information to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent) (Date)

\_\_\_\_\_  
(Signature of Student) (Date)