



Student Information Release Authorization

Office of Financial Aid

STUDENT NAME: _____ **SS#:** _____ **CUNYfirst ID#:** _____

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 Brooklyn 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



Office of Financial Aid

Parental Affidavit for Release of Financial Information

TO: Financial Aid Officer

FROM: _____
(Parent's Full 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)