



Request to Release Personally Identifiable & Confidential Information

Last Name	First Name	EMPLID #
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I would like to obtain and review copies of my financial aid records listed below. (e.g. Financial Aid Awarded for the Fall 2019 Semester-**PLEASE BE SPECIFIC**)

Note: I understand that I will not have access to my parents' financial records without their express written consent. [See the Request to Release Parental Financial Information Form if parental information is required.]

Release Authorization

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

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> I will pick up the requested information | <input type="checkbox"/> Please mail the information to my address on file |
|---|--|

I hereby waive my rights under the FERPA by authorizing KBCC to share any requested information concerning my financial aid application, awards, and other "non-directory" information.

Student's Signature: _____	Date: _____
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*****ADMINISTRATIVE USE ONLY*****

Student's ID#: _____

- | | |
|--|--|
| <input type="checkbox"/> Information Picked up by Student | <input type="checkbox"/> Information mailed or faxed |
| <input type="checkbox"/> Permission to Release Information to: | |

Financial Aid Officer's Signature	Date
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