



OFFICE OF FINANCIAL AID

**Request to Release Personally Identifiable & Confidential Information**

\_\_\_\_\_  
Last Name    First Name    CUNYfirst ID #

**I would like to obtain and review copies of my financial aid records listed below.** (e.g. Financial Aid Awarded for the Fall 2021 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:*

I will pick up the requested information                                   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#: _____
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Information Picked up by Student                                   Information mailed or faxed  
 Permission to Release Information to:  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Officer's Signature

\_\_\_\_\_  
Date