

PERMISSION TO RELEASE STUDENT FINANCIAL AID INFORMATION

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the privacy of my education records and that I give permission to the SUNY Adirondack Financial Aid Office to release information from my financial aid record to the person below as an authorized representative. I understand that the financial aid office will not disclose information about my academic progress status; nor will they permit the authorized representative to pick up financial aid documents (award letters, etc.) from the financial aid office, unless I make an additional request. I understand that this release is valid until I update the request; and I may cancel it at any time by submitting an additional written statement requesting cancellation.

Student's Signature: _____

Date: _____

Print Student's Name: _____

Last Four Digits of SSN: XXX - XX - _____

Banner ID#: _____

Parent(s) on FAFSA must sign below

Parent 1 Signature: _____

Last Four Digits of SSN: XXX - XX - _____

(If applicable)

Last Four Digits of SSN: XXX - XX - _____

Parent 2 Signature: _____

(If applicable)

Name of Representative: _____

Relationship to Student: _____

Representative's email: _____

Please provide an answer to the following challenge question pertaining to the representative you listed above (choose ONE question only):

What is the representative's Driver's License number?

What city was the representative born in?

What was the representative's high school mascot?

What was the name of the representative's first pet?

What was the color of the representative's first car?

What was the name of the representative's high school?

Additional Request: