KINGSBOROUGH COMMUNITY COLLEGE
★ DREAMS BEGIN HERE ★

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 2024 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.]

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☐ **I would like 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 of Agency		Street Address	
City	State	Zip	Phone

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#: _____

☐ Information Picked up by Student ☐ Information mailed or faxed

☐ Permission to Release Information to:
_____

_____ _____

Financial Aid Officer's Signature Date