



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 2023 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.]			
Releas	se Authorization		
New Y conser	Federal Legislation, namely the Family Ed ork policy, I understand that my student at. I hereby authorize the Office of Finance by student aid records to the agency or ind	aid records cannot be released to cial Aid at Kingsborough Community	a third party without my express written
PLEAS	SE CHECK ALL THAT APPLY:		
	I will pick up the requested information	☐ Please mail the	information to my address on file
	y waive my rights under the FERPA by auth tion, awards, and other "non-directory" in		ed information concerning my financial aid
Stude	ent's Signature:		Date:

	Information Picked up by Student Permission to Release Information to:	☐ Information mailed	
Fina	ancial Aid Officer's Signature	Dat	e