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Kingsborough Community College Of The City University of New York 2001 Oriental Boulevard Brooklyn, New York 11235

2023-2024 Financial Aid FERPA Authorization Form

The Family Education Rights and Privacy Act (FERPA) of 1976, as amended and contained in the Code of Federal Regulations (34 CFS 99, subpart D99.30), requires a written and dated consent from any student (18 years of age or older) before disclosing personal identifiable information from the student's educational/financial records to a third party. Under the Family Education Rights and Privacy Act (FERPA), the Financial Aid & Scholarships Office reserves the right to withhold financial information from a third party.

tudent Information						
		XXX -	- XX-			
Last Name	First Name		Digits of Social Security Number		CUNY FIRST ID	
Address (include apt. i	<i>¥)</i>	City	State	Zip Code		
Date of Birth	E	-mail Address	Phone Number (include area code)			
ection A: Information	n Release Consent (This form must be sul	bmitted in person by the s	tudent <u>)</u>		
	of birth before any	information will be rel	need to provide my name, leased. I also understand or	nly limited informa		
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	* V	/e will request this # bef	fore we release any informati	on		
ection B: Student S	Signatur <u>e</u>					
understand my decis Kingsborough Comr		of Financial Aid inform	nation will be valid only dur	ing the 2023-2024	l academic year	
udent Signature:			Date:			
FACE NOTE.						

PLEASE NOTE:

- This form must be submitted in person by the student to the Financial Aid Office.
- A third party must be indicated on this form before any financial aid information will be released.
- The third party must know the student's name, last four digits of the student's social security, and date of birth. Only limited information will be given over the telephone regardless if the FERPA authorization form is submitted to the Financial Aid & Scholarships Office.

PLEASE RETURN THIS FORM IN PERSON BY THE STUDENT TO THE KINGSBOROUGH COMMUNITY COLLEGE FINANCIAL AID OFFICE