



Office of Financial Aid
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Kingsborough Community College
 Of The City University of New York
 2001 Oriental Boulevard
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2024-2025 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.

Student Information

XXX – XX-			
Last Name	First Name	Last 4 Digits of Social Security Number	CUNY FIRST ID
<hr/>			
<i>Address (include apt. #)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<hr/>			
Date of Birth	E -mail Address	Phone Number (include area code)	

Section A: Information Release Consent (This form must be submitted in person by the student)

I authorize Kingsborough Community College Financial Aid & Scholarships Office personnel to release any and all financial aid information to the individuals listed below. The third party will need to provide my name, last four digits of my social security number, and my date of birth before any information will be released. I also understand only limited information will be released over the phone.

Name	Relationship	Create a 4 DIGIT Pin # *
* We will request this # before we release any information		

Section B: Student Signature

I understand my decision for the release of Financial Aid information will be valid only during the 2024-2025 academic year at Kingsborough Community College.

Student Signature: _____ Date: _____

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, the 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