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.]

_____

_____

## 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: _____

**********

*****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