

The State University of New York at Potsdam
Return to: 3rd Floor, Raymond Hall
Financial Aid Office
44 Pierrepoint Avenue
Potsdam, NY 13676
Fax: (315) 267-3067

Print Student Name

Student ID

CONSENT TO RELEASE STUDENT INFORMATION AUTHORIZATION

The SUNY Potsdam Financial Aid and Student Accounts Offices, in accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20.U.S.C. 1232g), are prohibited from releasing information regarding a student's financial aid without written consent of the student. This restriction applies to, but is not limited to, your parent(s) and/or step-parent(s), your spouse, or a sponsor. Exceptions to this rule include authorized federal, state, and local educational authorities as set forth in the law. Further information on FERPA regulations can be found at www.potsdam.edu/offices/registrar/ferpa

If you wish for the SUNY Potsdam Financial Aid and Student Accounts Offices to discuss your financial aid with anyone, you should complete, sign, and return this *Consent to Release* form to our office.

Pursuant to the Family Educational Rights and Privacy Act of 1974, I, the student named in this letter, hereby give my consent for SUNY College at Potsdam to release information to the individual(s) listed below. In addition, I authorize these individuals to speak on my behalf regarding my account.

We can only release information to those you designate (including to **a parent or spouse**).

Please fill out ALL five lines for each person you list: (additional releases may be submitted by duplicating this form or by attaching a separate sheet with all required information.)

Name _____
Relationship _____
Address _____
City,State,Zip _____
Date of Birth _____
SS# (last 4 digits only) _____

Name _____
Relationship _____
Address _____
City,State,Zip _____
Date of Birth _____
SS# (last 4 digits only) _____

My signature below verifies that I have read and understand the FERPA Regulations as stated above and on the SUNY Potsdam website. I agree to the information release terms stated above and I understand this authorization will be effective until such time as I revoke it in writing.

(Student Signature)

(Date)

REV 3/2010