

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

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**Print Student Name**

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**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](http://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.

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(Student Signature)

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(Date)

REV 3/2010