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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 Bursar’s 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 status 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/reg/ferpa](http://www.potsdam.edu/reg/ferpa).

If you wish for the SUNY Potsdam Financial Aid and Bursar’s Offices to discuss your financial aid status 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.

Please provide: Name; Relationship (Mother, Father, Spouse, Guardian); Address; Date of Birth; SS# (last four digits only)

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)