

Buffalo State

# STUDENT RELEASE OF RECORDS

Student Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Telephone: \_\_\_\_\_ (current home/cell) Email: \_\_\_\_\_

Attended BSC: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Requesting Records: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Select the Type of Request:

Social Service Letter

GRE Waiver

Scholarship Request NTE

Waiver

Other \_\_\_\_\_  
\_\_\_\_\_

Period covered by request:

Fall  
\_\_\_\_\_ (year)

Spring  
\_\_\_\_\_ (year)

Summer  
\_\_\_\_\_ (year)

January Term  
\_\_\_\_\_ (year)

An itemized listing of all aid (actual and/or estimated) and the cost of attendance (budget) will be sent to the agency at the address above.

## Certification

I hereby acknowledge that I have full knowledge that the above agency is seeking information pertaining to my financial aid records.

I hereby give approval to release my records.

I understand that any change will require a notice to both BSC and the agency listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_