

# SUNY Buffalo State

Banner ID \_\_\_\_\_

Name \_\_\_\_\_

Student Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other/Parent Phone: \_\_\_\_\_

## STUDENT RELEASE OF RECORDS

Attended BSC:

From: \_\_\_\_\_ to: \_\_\_\_\_

Agency Requesting Records:

\_\_\_\_\_

Agency Address:

\_\_\_\_\_

\_\_\_\_\_

Select the Type of Request:

Social Service Letter \_\_\_\_\_

GRE Fee Reduction \_\_\_\_\_

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 given approval to release my records.

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

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