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 Spring Summer January Term

______ (year) ________ (year) ________ (year) ________ (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 ____________________________

Financial Aid Office · MH 230, 1300 Elmwood Ave, Buffalo, NY  14222-1095
finaid@buffalostate.edu · (716) 878-4902 · fax (716) 878-4903