

Student Release Of Records

Banner ID _____ Student Name _____

Student Phone _____ Email _____

Attended BSU _____

From _____ To _____

Must be completed:

Agency Requesting Records _____

Agency Address _____

(Information released to agency only; copies of reports are not mailed to student)

Select the Type of Request

☐

Social Service Letter

☐

Scholarship Request

☐

Other _____

Period covered by request

Fall _____ (yr) Spring _____ (yr) Summer _____ (yr) J-Term _____ (yr)

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

Signature _____ Date _____