

**Financial Aid Records and Information Release Authorization**

I hereby authorize the Office of Financial Aid at Farmingdale State College to disclose, make available and release my financial aid records and personally identifiable information to:

\_\_\_\_\_

Name of individual(s), organization(s) and/or agency/agencies

without my further consent and until further notice.

This authorization shall be considered a waiver of any and all of my rights and/or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended. A photocopy of this authorization shall be considered as valid as the originally signed document.

Student Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date: \_\_\_\_\_