

Farmingdale State College  
Financial Aid Records and Information Release Authorization

Without my further consent and until further written notice, 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:

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

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

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

Printed Name: \_\_\_\_\_

RAM ID: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT INFORMATION:** The student must hand deliver this form to the Office of Financial Aid and present valid photo identification. Without valid I.D., the authorization will not be accepted. If a student cannot personally submit this authorization and would like to fax it, mail it or have someone else drop it off, the form must be notarized. Please have a notary complete the information below before submitting.

Notary:

State of \_\_\_\_\_, County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledgement that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

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Notary Public