The Family Educational Rights and Privacy Act of 1974 (FERPA), prohibits access to any student records by any third party including parents or guardians, with certain limited exceptions, unless the student gives written authorization.

The Offices of Financial Aid and Student Accounts are aware that many students depend on their parents or guardians for support and assistance with meeting their financial obligations while students at Farmingdale State College. Students who want to authorize release of their financial records must complete this form and return it to the Office of Financial Aid or the Office of Student Accounts. A photocopy of this shall be considered as valid as the originally signed statement.

I (print name)______________________________________________, RAM ID ______________________ hereby give consent to Farmingdale State College and its authorized representative to release or discuss the information from my records maintained by the Offices of Financial Aid and Student Accounts to the individuals listed below upon their request.

I understand that I remain legally responsible for all financial obligations associated with my account

This authorization will remain in effect until we receive a written notice of revocation from the student.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: If at any time, there is a question concerning the record of the student, the specific office or representative reserves the right to require the presence of both the student and the specified individual to discuss the record of the student.

Student Signature _________________________________________________ Date _______________

This form must be signed in person. Photo I.D. of the student is required for processing.

If the student cannot personally submit this authorization and would like to fax, mail or have someone else deliver it, 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 acknowledgment that he/she executed the same for the purposes therein contained.

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

________________________________________________

Notary Public