



Office Use Only	
Checklist Item:	9EXTP
COMMKEY	9EXTP

## Consent for Release of Financial Aid Information Office of Financial Aid & Scholarship Services

Student's Name: \_\_\_\_\_

Stony Brook ID#: \_\_\_\_\_

Under the United States Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; CFR Part 99) student educational records are considered confidential and, with some exception, can be released only after authorization by the student.

This redisclosure of FAFSA data and Federal Tax Information (FTI) from your FAFSA is permitted for applying for and receiving financial assistance for any component of the applicant's cost of attendance. This information will only be used for completing the form requested by the organization listed below and will not be used for any other purpose.

The following types of information may be disclosed:

- Financial Information (financial aid awards and FAFSA related data)
- Enrollment Information
- Academic Information (GPA, academic Progress)

Name of Authorized Person or Organization (Please print clearly)	Contact Information (Fax, Phone, and or Mailing Address)

**\*Required:** Indicate purpose of request for release of Financial Aid Information: *(ex: Scholarship Application)*

\_\_\_\_\_

\_\_\_\_\_

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Please include if applicable documentation from individuals or organizations to be completed.

By signing this request, you, the student, certify that you are granting the Office of Financial Aid & Scholarship Services permission to release your financial aid information to the authorized individual(s), or organization(s) indicated above.

Student's Signature: \_\_\_\_\_

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