

SUNY Buffalo State University

Banner ID: _____ Student Name: _____

Student Phone: _____ Email: _____

STUDENT RELEASE OF RECORDS

Attended BSC:

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
_____ (year)

Spring
_____ (year)

Summer
_____ (year)

January Term
_____ (year)

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

Signature _____ Date _____

Financial Aid Office ▪ MH 230 ▪ 1300 Elmwood Avenue ▪ Buffalo, NY 14222-1095
finaid@buffalostate.edu ▪ (716)878-4902 ▪ fax (716)878-4903