

Buffalo State College's

STUDENT RELEASE OF RECORDS

Student Name _____ Banner ID (or SS#) _____

Phone: _____ (current home/cell) Email: _____

Attended BSC: From: _____ To: _____

Agency Requesting Records: _____

Agency Address: _____

Type of Records You Are Requesting:

Social Service Letter _____ GRE Waiver _____

Scholarship Request _____ NTE Waiver _____

Other _____

Period covered by request: Fall _____ Spring _____ Summer _____
(year) (year) (year)

A listing of all aid (actual & estimated) + budget will be sent to the agency at the address above.

I hereby acknowledge that I have full knowledge that the above agency is seeking records of my financial aid at Buffalo State College (BSC) and I hereby give my approval for the release of these records. Any change will require a notice to both BSC and the agency listed above.

Signature _____ Date _____