

Buffalo State College's  
**STUDENT RELEASE OF RECORDS**

Student Name \_\_\_\_\_ Banner ID \_\_\_\_\_

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 \_\_\_\_\_