

SUNY POLYTECHNIC INSTITUTE
Offices of Bursar, Financial Aid and Registrar

STUDENT CONSENT TO RELEASE EDUCATIONAL AND FINANCIAL RECORDS
(NOTE INFORMATION ON BACK OF THIS FORM)

Student Name (please print) _____
(Last) (First) (Middle initial)

Student ID: U00 _____

Please check one or more of the following:

I authorize the **Bursar's Office** at SUNY Poly to discuss financial information with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Billing and payment information
- Institution tuition billing accounts and statements, including credits and debits, and refund status

I authorize the **Financial Aid Office** at SUNY Poly to discuss confidential account information for the purpose of understanding and meeting Institution-related financial obligations with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Financial aid and scholarship records – including processing and eligibility status (This does not include specific parental income or asset information.)
- Award types and amounts
- Institution tuition billing accounts and statements, including credits and debits, and refund status

I authorize the **Registrar's Office** at SUNY Poly to discuss academic information with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Course schedule
- Academic progress and standing

Authorized Individual(s):

Full name Relationship to student

Full name Relationship to student

In order to access this information, the student and authorized individual(s) must provide the following **password**: _____
(Password must be one word and cannot be social security number or birth date)

This authorization will remain in effect for **one academic year** (summer/fall/spring) unless revoked, in writing, by the student.

Student Signature _____ Date _____

----- Do Not Write Below This Line -----

Academic Year: _____ **Entered into Banner:** _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 was designed to protect the privacy of a student's educational records. These confidential records include, but are not limited to, financial aid, scholarship information, billing and account information, and academic information. The specific information listed on the reverse side of this form will not be released to a parent, spouse, or other third party without the authorization of the student.

PLEASE NOTE THE FOLLOWING:

- It is the student's and authorized individual's responsibility to give the password when attempting to access the student's records outlined in this consent form. **INFORMATION WILL NOT BE RELEASED IF THE CORRECT PASSWORD IS NOT GIVEN.** Additionally, it is the student's and authorized individual's responsibility to keep the password in a secure place so that others cannot access this information.
- This consent form is in effect for an academic year, beginning with the summer semester and ending after the spring semester. **A NEW CONSENT FORM MUST BE COMPLETED FOR THE FOLLOWING ACADEMIC YEAR** or information will not be released.
- This consent form **DOES NOT ALLOW THE AUTHORIZED INDIVIDUAL(S) TO MAKE DECISIONS OR PROCESS TRANSACTIONS ON THE STUDENT'S BEHALF.**
- This consent form is valid for release of Bursar, Financial Aid and/or Registrar's information only (as noted on reverse side). A separate form may be required for other SUNY Polytechnic offices.
- **THIS CONSENT CAN BE REVOKED BY THE STUDENT IN WRITING AT ANY TIME.**

Mail this completed form to:
SUNY Polytechnic Institute
Financial Aid Office
100 Seymour Road
Utica, NY 13502
Fax: (315) 792-7802

Questions or concerns? Please call:

Bursar's Office: (315) 792-7412 • Financial Aid Office: (315) 792-7210 • Registrar's Office: (315) 792-7262