



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

**FERPA Form
Office of Financial Aid**

**FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)
FINANCIAL AID INFORMATION RELEASE**

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. More information about FERPA can be found [here](#).

TO BE COMPLETED BY THE STUDENT:

If you want to authorize the SUNY Downstate Health Sciences University to disclose financial aid information to the named person(s) listed below, please complete, sign, and return this form to Financial Aid. You may mail your original form, fax, or email a scanned copy to Financial Aid.

Student Disclosure and Release Information

I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access to my financial aid records to individuals of my choice. This release allows the below-named individuals access to financial aid information from Financial Aid.

I hereby give written consent under FERPA and allow the below-named person(s) to access financial aid information related to my financial aid records. This permission is valid until I submit a signed letter revoking permission.

Please Print:

NAME (First, Middle Initial, Last Name)

Email

RELATIONSHIP TO STUDENT

Phone

NAME (First, Middle Initial, Last Name)

Email

RELATIONSHIP TO STUDENT

Phone

NAME (First, Middle Initial, Last Name)

Email

RELATIONSHIP TO STUDENT

Phone

I acknowledge that this written consent is valid as long as I am a student at SUNY Downstate. By signing this consent, I authorize Downstate Health Sciences University to release any and all information relating to my financial aid records to the person(s) listed above. I understand that permission is valid until I submit a signed letter revoking permission.

Student's Signature

ID#

Student's Name - Please Print

Date

Do not mail this worksheet to the U.S. Department of Education. Please email scanned documents to financialaid@downstate.edu. You may edit any Social Security numbers and leave the last four digits on the forms you submit. You should make a copy for your records. We will only accept documents from your Downstate email.