

State University of New York College at Geneseo

Voluntary Student Consent to Release Financial Information

Student Name (Please Print): _____

Geneseo ID# _____

Pursuant to the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby give my consent to the Offices of Student Accounts and Financial Aid at SUNY Geneseo to release upon request information regarding my financial and my financial aid accounts to the individual(s) listed below.

List of parties to whom information may be released:

Name (Please Print)

Relationship (ex: Mother, Father, Spouse, Legal Guardian)

_____	_____
_____	_____

This authorization will be in effect until I am no longer a student at SUNY Geneseo or I revoke it in writing. I understand that this revocation shall not affect disclosures previously made by SUNY Geneseo prior to the receipt of any such written revocation.

Student Signature

Date

Please fill out form completely, SIGN and either fax to: (585) 245-5070 or mail form to: SUNY Geneseo, Office of Student Accounts, 1 College Circle, Geneseo, NY 14454.