

AUTHORIZATION FOR RELEASE OF INFORMATION

A request for a financial aid breakdown letter will take two (2) business days from the date submitted. Your cooperation in bringing any requests to this office as soon as you receive them will expedite the processing of these forms so that you can meet your deadline. Please check the appropriate box below to specify whether you want the information mailed or if you want to pick it up.

STUDENT:

\_\_\_\_\_
Please print: Last Name First Name

SOCIAL SECURITY NUMBER:

\_\_\_\_\_

SEMESTER & YEAR OF REQUEST: Fall \_\_\_\_\_ Spring \_\_\_\_\_

REASON FOR REQUEST (Check One):

Mail to address below Pick Up

- Public Assistance [ ] [ ]
Foodstamps [ ] [ ]
Medicaid [ ] [ ]
Other, specify [ ] [ ]

Please mail the information requested to:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature

Date

check OFFICE USE ONLY

Date [ ] Mailed [ ] Delivered to THE HUB for pickup

Return to College of Staten Island at the above address