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Student Financial Aid Office

AUTHORIZATION FOR RELEASE OF INFORMATION

In compliance with the federal Family Education Rights and Privacy Act of 1974 (FERPA), the College of Staten Island is restricted from disclosing certain information from your student records. You may grant permission for the College of Staten Island to disclose your financial aid information by completing this form. Please note a request for a financial aid breakdown letter will take two (2) business days from the date of request 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 line below to specify whether you want the information mailed or if you want to pick it up.

Student CUNYfirst EMPLID Number: _____ **Date** _____

Student Last Name: _____ **Student First Name:** _____

Address: _____ **Phone Number:** _____

Email: _____

Semester & Year of Request: Fall _____ **Spring** _____

Reason for Request (Check One):

	<u>Mail/Email to Address below</u>	<u>Pick Up</u>
_____ Public Assistance	_____	_____
_____ SNAP	_____	_____
_____ Medicaid	_____	_____
_____ Scholarship	_____	_____
_____ Other, specify _____	_____	_____

Mail/email the information request to:

Name: _____ **Email:** _____

Address: _____

Student Signature: _____ **Date:** _____

OFFICE USE ONLY:

Date Processed _____ **By** _____

Mailed _____ **Delivered to Enrollment Services for Pickup** _____

