

Authorization to Release Student Education Record Information

Please complete this form so that NYCDA has the correct information on file regarding your wishes for the privacy of your personal information. You may authorize any number of people to have access to your academic and educational records or your financial records. You may also indicate if a person in addition to yourself should receive billing statements and payment notifications, and who should receive other account refunds. The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. This release applies to the disclosure of educational records. The student authorizing the release of his/her records must sign this form before NYCDA can release specified information.

Student's Information

Last Name **First Name** **Middle Name** **Birth Date**

SECTION A

Print the last and first name of the people you authorize. Place an "X" in the box for the information that you wish to release to each person. If applicable, place an "X" in the box for one person other than yourself that should receive billing statements and notifications. If applicable, and you indicate a billing contact or refund contact, please complete the contact information in section B on the back of this form.

Last Name	First Name	Relationship	Educational Records	Financial Records	Billing Contact (Select 1)	Refunds (other than PLUS loans)

If you indicate a billing or refund contact, please complete the address information on the other side ➡➡➡

I hereby give my voluntary, written consent for NYCDA to release the above specified information to the person(s) listed in **Section A** of this form:

Student's Signature: _____ Date: _____

SECTION B

All billing information should be mailed to (if other than Student):

First Name	Last Name
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Address	City	State	Zip
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Email Address

I would like on-line access to the student's account: Yes No
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Refunds should be addressed to and mailed to (if other than Student):

First Name	Last Name
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Address	City	State	Zip
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Email Address