SUNY INSTITUTE OF TECHNOLOGY
Offices of Bursar, Financial Aid and Registrar

STUDENT CONSENT TO RELEASE EDUCATIONAL AND FINANCIAL RECORDS
(NOTE INFORMATION ON BACK OF THIS FORM)

Student Name (please print) _____
(Last) (First) (Middle initial)

Student ID _____

Please check <u>one or more</u> of the following:

☐ I authorize the **Bursar's Office** at SUNYIT to discuss financial information with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Billing and payment information
- Institution tuition billing accounts and statements, including credits and debits, and refund status

☐ I authorize the **Financial Aid Office** at SUNYIT to discuss confidential account information for the purpose of understanding and meeting Institution-related financial obligations with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Financial aid and scholarship records – including processing and eligibility status (This does not include specific parental income or asset information.)
- Award types and amounts
- Institution tuition billing accounts and statements, including credits and debits, and refund status

☐ I authorize the **Registrar's Office** at SUNYIT to discuss academic information with me (the student) and with the authorized individual(s) listed below. This information may be given over the telephone, in person, or in writing, and may include the following:

- Term grades and course schedule
- Academic progress and standing

Authorized Individual(s):

_____ _____
Full name Relationship to student

_____ _____
Full name Relationship to student

In order to access this information, the student and authorized individual(s) must provide the following **password**: _____.
(Password must be one word and cannot be social security number or birth date)

This authorization will remain in effect for **one academic year** (fall/spring/summer) unless revoked, in writing, by the student.

Student Signature _____ Date _____

---------- Do Not Write Below This Line ----------

Academic Year: _____ ***Entered into Banner:*** _____
Distribution (by SUNYIT only): White: Financial Aid; Yellow: Registrar; Pink: Bursar; Gold: Student