

Permission to Share Financial Information

Student Name: _____ Student ID #: _____

Privacy laws prohibit our office from discussing any information pertaining to your file with any other party other than you and parent(s) included on the FAFSA form. If you wish to allow someone other than the parent(s) included on the Free Application for Federal Student Aid (FAFSA) you must complete and return this Permission to Share Financial Information Form.

This signed authorization permits the Student Financial Services Office at SUNY Cobleskill to share information and discuss financial aid and all matters pertaining to my bill with the specified person(s) below.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Student Signature Date

Signature(s) of parent(s) included on the FAFSA Date

I understand that I can revoke this consent at any time by providing a written statement to the Student Financial Services Office