ST. FRANCIS COLLEGE
BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid **180 Remsen Street Room 1404, Brooklyn NY 11201**
Phone: 718-489-5255 **fax 718-489-2062** **Email: FinancialAid@sfc.edu**

2019-2020 Financial Aid FERPA Form

_____ _____

Student's Last Name First Name M.I. Student's Identification (ID) Number

_____ _____

Student's Street Address (include apt. no.) Student's Date of Birth

_____ _____

City State Zip Code Student's Email Address

_____ _____

Student's Home Phone Number (include area code) Student's Alternate or Cell Phone Number

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, the Student Financial Services Office at St. Francis College will only disclose confidential financial information to third parties provided the college has written consent from the student to do so. I give permission for_____ to release the specified information to the recipient listed below. I understand that this release is valid until I have completed my current degree program at St. Francis College and overrides any existing FERPA directory information hold I have set up on my educational record. I further understand that I can revoke this release at any time by notifying the Office of Student Financial Services.

Release To: _____
First Name Last Name Relationship

Certification Statement:
By signing this form, I certify that all of the information reported is complete and accurate.

_____
Signature of Student (required) Date