

Student Information Release Authorization (IRA)

This form is required to authorize the release of student's financial aid records. Please complete and submit to the Financial Aid Office. If this information is to be supplied on another agency's form, please attach a copy of the form. **If you are a dependent student, your parent(s) must fill out the Parental Affidavit on page 2. (Use black or blue ink only.)**

STUDENT INFORMATION

Last Name

First Name

MI

EMPLID

Hunter Email

Phone Number

Phone Number

I, the student, would like to review and obtain a copy/copies of my Financial Aid record for the following term(s):

Summer 20____ Fall 20____ Winter/Spring 20____

Please check one of the following options below:

I would like to pick-up this information at the Office of Financial Aid. Please **call/email** (*circle one*) me at phone number/email above once the form is ready to be picked up.

I would like this information **emailed/mailed** (*circle one*) to my email/ mailing address listed on CUNYfirst.

NOTE: For security reasons, we can ONLY email information to your myhunter email or your mailing address as indicated on CUNYfirst.

I would like this information pertaining my financial aid released to the third party listed below. **Mail/fax** (*circle one*) to this third party.

Name or Agency

Phone Number

Fax Number

Email Address

Street Address

City

State

Zip

RELEASE AUTHORIZATION: *Handwritten signature ONLY*

Under the Family Educational Rights & Privacy Act of 1974 (FERPA), and City University of New York policy, I understand that my student aid records cannot be released to a third party without my permission. I hereby authorize the Office of Financial Aid at Hunter College to release information from my student aid records to the agency or individual named above.

Student Signature:	Date:
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OFFICE USE ONLY:

Documents given to student Documents emailed/mailed to student Documents mailed/faxed to third party

FA Advisor Signature

Date

Parental Affidavit for Release of Financial Information

DEPENDENT STUDENTS ONLY

To: Financial Aid Office

FROM:

Parent's Name

Street Address

City

State

Zip

Under Federal legislation, the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my financial records cannot be released to my child without my written permission.

I, therefore, request that the information listed below be released to my child:

Student's Name

Student's EMPLID

Street Address

City

State

Zip

Information to be released:

RELEASE AUTHORIZATION: *Handwritten signature ONLY*

Student Signature:	Date:
Parent Signature:	Date: