



One Gustave L. Levy Place
Annenberg Building-Room 12-70, Box 1002
New York, NY 10029-6574
Phone: (212) 241-5245
Facsimile: (212) 876-4658
Email: studentfinancialservices@mssm.edu

Student Consent to Release Financial Records (FERPA)

STUDENT INFORMATION

Student Name: _____ Life Number: _____

Program of Study: _____ Date of Birth: ____/____/____

Use this form ONLY if you want the named individual(s) to be able to inquire about your student information (Student Billing, Insurance, and Financial Aid) on your behalf. Examples would be your parents or spouse. You, the student must make the request for changes to your financial aid eligibility and awards in writing. For more information regarding the Family Educational Rights and Privacy Act (FERPA) of 1974 please go here:

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html><https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

I give permission to Student Financial Services to release information to the parties listed below:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent. I understand my decision for the release of Financial Aid information will be valid only during the **2018-2019 academic year** at Icahn School of Medicine Mount Sinai

Student's Signature Date

Please return this form to the Office of Student Financial Services via email at studentfinancialservices@mssm.edu or drop the form off at our office.

SFS OFFICE USE ONLY: _____ Student Empower ID
Edited: 5/18 ND