PrattMWP
COLLEGE OF ART AND DESIGN
310 Genesee St, Utica, NY 13502 • 315.797.0000

The Financial Aid / Student Accounts Office
FERPA Release Form

PERMISSION FOR RELEASE OF FINANCIAL INFORMATION

(NOTE: This form does not grant access to the student's Admission's, Registration or Academic Records)

Requested by: _____
Student's name Student ID# Date

Release to: _____
Recipient Name Relationship to Student

_____
Recipient Address City, State, Zip

_____
Recipient Contact Phone Recipient email

Release to: _____
Recipient Name Relationship to Student

_____
Recipient Address City, State, Zip

_____
Recipient Contact Phone Recipient email

I hereby authorize the Financial Aid/Student Accounts Offices at PrattMWP to release financial aid and/or billing information to the recipient(s) named above.

This student authorization will remain in effect as long as I remain in continuous enrollment at PrattMWP. Should I at any time, choose to revoke this authorization during my enrollment period, it will be my responsibility to notify, in writing, the Financial Aid/Student Accounts Offices at PrattMWP. I further acknowledge that the information to be released or obtained will be limited to billing and financial aid; and that this consent is given of my own free will. This consent form does not allow my designees access to my academic information (such as grades). This consent has been granted in reliance thereof.

_____ _____
Signature of Student Date

_____ _____
Signature of Witness (other than recipients named above) Date

_____
Print Witness Name

☐ I hereby revoke this authorization for release of information

_____ _____
Signature of Student Date