

**Financial Aid Office** Colston Hall, Room 504 P: 718.289.5700 F: 718.289.6303

**Bronx Community College** Of The City University of New York 2155 University Avenue Bronx, New York 10453

## 2025-2026 Financial Aid FERPA Authorization Form

The Family Education Rights and Privacy Act (FERPA) of 1976, as amended and contained in the Code of Federal Regulations (34 CFS 99, subpart D99.30), requires a written and dated consent from any student (18 years of age or older) before disclosing personal identifiable information from the student's educational/financial records to a third party. Under the Family Education Rights and Privacy Act (FERPA), the Financial Aid & Scholarships Office reserves the right to withhold financial information from a third party.

Student Information					
		XXX – XX-			
Last Nama	First Name		ritu Numbar	EMPH D #	
Last Name	First Name	Last 4 Digits of Social Security Number		EMPILD#	
Address (include apt. #)		City	State	Zip Code	
Date of Birth	E -mail Address		Phone Number (include area code)		
Saction A: Information I	Pologeo Consent (This for	m must be submitted in perso	n by the student)		
ection A. Illiorniation i	release collsellt (11115 101	in must be submitted in perso	ii by the student)		
	mation will be released. I	also understand only limited in	nformation will be	cial security number, and my da released over the phone. Create a 4 DIGIT Pin # *	
	* We will re	quest this # before we release an	y information		
Section B: Student Sig	nature				
•		cial Aid information will be valid Illy sign and <mark>digital signature n</mark>		025-2026 academic year at	
Student's Signature:			Date:		
PLEASE NOTE:					

- This form **must** be submitted **in person or uploaded to CUNYFirst** by the student.
- If form uploaded to CUNYFirst, student please email us at financialaid@bcc.cuny.edu to inform us.
- A third party must be indicated on this form before any financial aid information will be released.
- The third party must know the student's name, last four digits of the student's social security, and date of birth. Only limited information will be given over the telephone regardless if the FERPA authorization form is submitted to the Financial Aid & Scholarships Office.

PLEASE RETURN OR UPLOAD TO CUNYFIRST THIS FORM FOR BRONX COMMUNITY COLLEGE FINANCIAL AID OFFICE.