



EMPIRE STATE COLLEGE

STATE UNIVERSITY OF NEW YORK

Permission to Release Student Information

Student name _____

Empire State College ID# _____

Address _____

City/State/Zip _____

I grant my permission for Empire State College to discuss my account with the following persons(s):

Name _____ Relationship _____

Name _____ Relationship _____

This permission is valid until _____

(If no end date is specified, this permission is valid until rescinded by me.)

Student signature _____

Date _____

Please mail this form to:
Student Financial Services
Empire State College
111 West Avenue
Saratoga Springs, NY 12866-6048
or fax it to: 518 581-2782