



Student Financial Services
350 North Highland Ave, Nyack, NY 10960
*** 845-353-2028 (fax)**

FERPA Financial Information Release

In accordance with the Family Educational Rights and Privacy Act (FERPA), Nyack College/ATS is committed to the rights of students who are attending or have attended the College/ Seminary.

A student's right to privacy regarding their financial information is an area covered by FERPA. However, financial information may be released to another individual, if the student consents by completing this form and returning it to the office of Student Financial Services at the address above.

** Please check one of the boxes below.*

I authorize ATS /AGSC to release financial information, including telephone access to the following individual(s):

Check this box if you wish this individual to receive monthly statements

1. _____
 Name(s) Relationship to student Phone

 Address (for monthly statements) City State Zip code

Check this box if you wish this individual to receive monthly statements

2. _____
 Name(s) Relationship to student Phone

 Address (for monthly statements) City State Zip code

Check this box if you wish this individual to receive monthly statements

3. _____
 Name(s) Relationship to student Phone

 Address (for monthly statements) City State Zip code

Student Printed Name	Student Signature	SS#	Date
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I **DO NOT** authorize ATS/AGSC to release any financial information to anyone other than myself.

Student Printed Name	Student Signature	SS#	Date
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