

# Five Towns College

*Financial Aid Office*

305 N. SERVICE ROAD  
DIX HILLS, NY 11746-6055  
631/656-2164; Fax: 631/656-2191



## Privacy Waiver Request Form

Five Towns College complies with the Family Education Rights and Privacy Act of 1974. Please complete this form if:

1. You are a student requesting your financial aid information **NOT** to be released to:

Name (last, first): \_\_\_\_\_  
\_\_\_\_\_

**-OR-**

2. You are a student requesting your financial aid information **TO BE** released to:

Name (last, first): \_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_

Print Name/Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

