



STUDENT RELEASE OF INFORMATION TO A THIRD PARTY

Student's Name: _____ **SUNY ID#** _____

DECLARATION:

The student whose signature appears has authorized release to the following Third Party for the specified record:

Name of Third Party Individual or Organization

Address

Record(s) to be released: ____ Meal Plan information and Connection account information from ASC only ____

I acknowledge that I am aware of this request to release my records to the Third Party specified above. **I UNDERSTAND THIS AUTHORIZATION IS VALID UNTIL I PROVIDE WRITTEN NOTICE OF REVOCATION.** I further release Auxiliary Services Corporation of SUNY Cortland, its Members, Officers, Agents or Assigns from any and all liability for release of the above named records/information.

Student's Signature

Date