



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