

Office of Student  
Financial Services

The Cooper Union  
for the Advancement  
of Science and Art

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## FERPA Release Form



I, \_\_\_\_\_, hereby authorize The Cooper Union to allow access to my financial aid and student accounts records to the following individual(s): (please list their name and relation to you):

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I understand that this access permission lasts one year and must be renewed one year from the date listed below.

\_\_\_\_\_ The school should not release my directory information (name, address, telephone number, date and place of birth)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date