



Dear Student,

Enclosed, please find the requested Student Financial Services Communication Consent Form. Instructions for completing the form are written below.

Students who will NOT authorize any other individual to communicate with our office:

1. Student should complete all of the requested information in sections (1) and (2) of this document.
2. Have the completed form notarized. (Be sure to bring ID with you when you visit the Notary Public.)
3. Return the form to the Office of Student Financial Services at the address listed below.

Students who will authorize another individual to communicate with our office:

1. Student should complete all of the requested information in sections (1), (2) and (3) of this document.
2. Have the completed form notarized. (Be sure to bring ID with you when you visit the Notary Public.)
3. Return the form to the Office of Student Financial Services at the address listed below.

Each person you authorize our office to speak with will receive an SFS Communication Consent Form so that they are able to create their own unique password.

*****WE CAN NOT ACCEPT FAXED COPIES OF THE SFS COMMUNICATION CONSENT FORM*****

Please mail the completed, notarized form to:
Utica College
Office of Student Financial Services
1600 Burrstone Road
Utica, N.Y. 13502

If you have any questions or concerns, please contact our office at (315) 792-3179.

The Office of Student Financial Services



Consent Form

1. Student Information

Student Name:
Student ID #
Student Cell #
Student Date of Birth

2. Password Creation

I would like to create a password in order to communicate with Utica College Office of Student Financial Services by email, telephone or in person.

PASSWORD:
(Must be 8 characters with at least one capital letter and at least one number)

Security Questions: (Answer ALL questions.)

- 1. Your first pet's name was? Answer:
2. The City/Town and state you were born in was? Answer:
3. The name of your elementary school was? Answer:
4. The name of your childhood best friend was? Answer:
5. Your favorite color is? Answer:
6. Your favorite sports team is? Answer:
7. Your favorite actor/actress is? Answer:

3. Authorized Individuals

I authorize the Office of Student Financial Services to speak with the persons listed below regarding the following information:

- a. Account Information
Financial Aid
Eligibility for Aid

First Name: Last Name: Student DOB:
Relationship to student: (circle one) (Mother) (Father) (Step-Mother) (Step-Father) (Spouse) (Legal Guardian)
Telephone number: Email:

- b. Account Information
Financial Aid
Eligibility for Aid

First Name: Last Name: Student DOB:
Relationship to student: (circle one) (Mother) (Father) (Step-Mother) (Step-Father) (Spouse) (Legal Guardian)
Telephone number: Email:

I understand I can terminate this authorization at any time.

Please be advised that due to federal regulations, the persons listed above may not be authorized to information contained on the FAFSA regardless of the student's consent. Utica College is restricted from discussing or disclosing any information provided on the FAFSA to any party other than the student and/or the parent listed on the FAFSA.

DATED: (Student Signature)

STATE OF)
COUNTY OF) ss.:

On this ___ day of ___, 20___, before me, the undersigned, personally appeared ___, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public