

Student Name: \_\_\_\_\_

Banner ID#: 800 \_\_\_\_\_

2024/25 – V03a



**SUNY  
BROCKPORT**

## **REQUEST FOR SOCIAL SERVICES DOCUMENTATION**

Please complete Section A of this form, then take it to your caseworker to complete Section B. Return the form to the Financial Aid Office as soon as possible. We are unable to continue processing your EOP application until we receive this completed form.

### **Section A: (To be Completed by Student)**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent 1 (father/mother/step parent): \_\_\_\_\_ SSN: \_\_\_\_\_

Parent 2 (father/mother/step parent): \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I authorize release of this information to SUNY Brockport.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

### **Section B: (To be Completed by Caseworker)**

List all members of household counted when granting social service benefits:

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Benefits Received in the Calendar Year: **2022**

Public Assistance. . . \_\_\_\_\_

Food Stamps. . . . . \_\_\_\_\_

Housing Assistance. \_\_\_\_\_

ADC. . . . . \_\_\_\_\_

Other. . . . . \_\_\_\_\_

**Total.** . . . . . \_\_\_\_\_

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number (include area code)

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

V03a (3/28/2024)

**SUNY Brockport • 350 New Campus Drive • Brockport, New York 14420-2937**  
(585) 395-2501 • FAX (585) 395-5445 • e-mail: [faid@brockport.edu](mailto:faid@brockport.edu) • [www.brockport.edu](http://www.brockport.edu)