

Student Name: _____

Banner ID#: 800 _____

2025/26 – 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: **2023**

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 25/26 (12/4/2024)

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