

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FOSTER YOUTH COLLEGE SUCCESS INITIATIVE PROGRAM
INSTRUCTIONS

- If you are 18-years old or older, please complete **Section A**.
- If you are 17-years old or younger, please forward this information to your parent or legal guardian. They will need to complete **Section B**.

SECTION A: If you are a current or former foster youth, and you are 18-years old or older, complete Questions 1, and 2.	
1. I am 18 years of age or older, and hereby authorize OCFS to release my name, the last four digits of my Social Security number, and my status as a current or former foster youth to the New York State Education Department, for the sole purpose of evaluating my eligibility for additional services and support through the Foster Youth College Success Initiative Program. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Student Information	
a. Name of your college or university:	
b. Date of enrollment: / /	
c. Your first name:	
d. Your last name:	
e. Were you ever known by any other name? (include first and last names)	
f. Your date of birth: / /	
g. Please provide only the last four digits of your Social Security number:	
h. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:	
i. Please provide your cell phone number as another option for making contact:	
j. Mailing address:	
Signature: <input checked="" type="checkbox"/>	Date: / /

SECTION B: If you are the parent or legal guardian of a current or former foster youth who is under the age of 18, please complete questions 1, 2, and 3.	
1. I am the parent or legal guardian of the youth listed below. In that role, I hereby authorize OCFS to release the name of the youth listed below, the last four digits of their Social Security number, and the youth's status as a current or former foster child to the New York State Education Department for the sole purpose of evaluating the youth's eligibility for additional services and support through the Foster Youth College Success Initiative Program. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Student Information	
a. Name of student's college or university:	
b. Date of enrollment: / /	
c. Student's first name:	
d. Student's last name:	
e. Agency Name:	
f. Student's date of birth: / /	
g. Please provide only the last four digits of your Social Security number:	
3. Legal Guardian Information	
a. Your first name:	
b. Your last name:	
c. Your relationship to the student listed above:	
d. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:	
e. Please provide your cell phone number as another option for making contact:	
f. Mailing address:	
Signature: <input checked="" type="checkbox"/>	Date: / /

Where do I send the completed form?

Please email the consent form to: fa@sunysccc.edu **Deadline:** July 15, 2021

Completing this consent form does not guarantee eligibility or funding for this program.