

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

FOSTER YOUTH COLLEGE SUCCESS INITIATIVE PROGRAM CONSENT FORM

Please check all that apply

- ☐ Student is/was in foster care on or after their 13th birthday in New York State.
- ☐ Student is/was living with a relative in a KinGap agreement or adopted on or after age 13.
- ☐ Student was in foster care on or after their 13th birthday in another state, other than New York (STATE: _____).
- ☐ Student is an orphan, both parents deceased before the student was 18 years old.
- ☐ Student is an undocumented immigrant youth who was in foster care on or after their 13th birthday.

If you are 18 years old or older, please complete Section A -OR-

If you are 17 years old or younger – please have your parent or legal guardian complete Section B

SECTION A – COMPLETE ONLY IF YOU ARE 18 YEARS OLD OR OLDER, otherwise move to SECTION B

Name of your college or university:

Enrollment Date: / / Semester/Year of attendance (for example: Fall/2023): /

Your first name: Your last name:

Were you ever known by any other name? (Include first and last names):

Date of Birth: / /

Please enter the last four digits of your Social Security number:

Email Address:

Phone Number: ()

Mailing Address:

By signing here, I attest that I am 18 years old 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. I further authorize NYSED to release the below Student information and my eligibility status to the institution of higher education in which I am currently enrolled for the purposes of the Foster Youth College Success Initiative.

Signature:

X

Date:

 / /

SECTION B – TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN IF STUDENT IS 17 YEARS OLD OR YOUNGER

Name of student's college or university:

Student's enrollment date: / / Semester/Year of student's attendance (example: Fall/2023): /

Student's first name: Student's last name:

Was student ever known by any other name? (Include first and last names):

Student's date of birth: / /

Please enter the last four digits of the student's Social Security number:

Parent/Guardian first name: Parent/Guardian last name:

Relationship to the above student:

Parent/Guardian Email Address:

Parent/Guardian Phone Number: ()

Parent/Guardian Mailing Address:

By signing here, I attest that I am the parent or legal guardian of the youth listed above. In that role, I hereby authorize OCFS to release the name of the youth listed above, the last four digits of their Social Security number, and the youth's status as a current or former foster youth to the New York State Education Department for the sole purpose of verifying the youth's eligibility for additional services and support through the Foster Youth College Success Initiative. I further authorize NYSED to release the above student information and the youth's eligibility status to the institution of higher education in which the youth is currently enrolled for the purposes of the Foster Youth College Success Initiative.

Signature:

X

Date:

 / /

Please submit this consent form to FCY4College@ocfs.ny.gov

Completing this consent form does not guarantee eligibility or funding. Please follow up with your institution of higher education's financial aid office for eligibility/award status.