

# **SUNY Empire State College - New York State Education Department**

# **Non-Public School Teachers Professional Development Title II Part A Program**

# **Student Authorization to Release Information**

In accordance with regulations contained within the Family Educational Rights and Privacy Act (FERPA), Empire State College, State University of New York, will disclose to designated parties information from the educational records of a student, provided the college has on ﬁle written consent by the student.

Student, please sign this form and return to the School for Graduate Studies if you consent to the release of your educational records to such parties you designate below.

I hereby authorize Empire State College, State University of New York, school ofﬁcials to release my educational records to the ***New York State Education Department (NYSED).***

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless speciﬁcally allowed for within the FERPA regulations.

I understand that I may revoke this authorization at any time.

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

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please submit completed form to* [*TitleIIa@esc.edu*](mailto:TitleIIa@esc.edu)*.*