



FERPA RELEASE OF INFORMATION AUTHORIZATION FORM

This form expires every year on August 31 and must be submitted to the Office of the Registrar annually. This form may be submitted via mail, fax, or scanned document; however, it must be notarized at the bottom prior to being returned to the Office of the Registrar.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, SUNY Empire State College must obtain written consent from a student before releasing the non-directory educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to whom the release may be made. Students who ask to have directory information withheld will be unable to consent to release non-directory educational records.

I, _____ (Student's name — Print) _____ (Student ID#)

I hereby give my written (notarized) consent to SUNY Empire to disclose, make accessible, and furnish the following information upon request.

- | | |
|---------------------------------------|---|
| Billing statements | Grades (includes semester GPA and cumulative GPA) |
| Financial aid information | Program completion status |
| Disciplinary record | Class enrollment |
| Academic standing | Degree audit |
| Violations of academic integrity file | Student holds |
| | Other (description) _____ |

For the purpose of _____ (specify purpose of the release).

The party or class of parties to whom a disclosure may be made is:

Name(s) _____

Relationship: Parent Guardian Spouse Sibling Other _____

The following FERPA password must be provided, either by myself or by any named individual below, when making a telephone inquiry: _____

I understand my written consent will remain in effect until August 31 at the end of the current academic year.

I understand that the specified information referenced in this form is being released to a third party at my request with the understanding that they will not release it to any other parties. SUNY Empire is hereby released from all legal responsibility or liability pertaining to the release of the above-mentioned information.

The person to whom disclosure is made also must provide my Student ID#.

Student signature Date

STATE OF NEW YORK	:
COUNTY OF:	ss:
On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that they executed the same in their capacity(ies), and they by their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the same.	
_____ Notary Public	