Instructions to Student: Carefully read the information below. After completing the form, submit it to the University at Albany faculty/staff/office you authorized to release your information.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, University at Albany must obtain written consent from a student before releasing the 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 release may be made.

I, __________________________________________, _______ - _______
(Student’s Name-Print) (Student ID #)

hereby give my written consent to the University at Albany, State University of New York, to release my __________________________________________________________
(Specify records to be released)

for the purpose of ______________________________________________________________
(Specify purpose of the release)

to ___________________________________________.
(Identify the party or class of parties to whom the release may be made)

I understand that my written consent will remain in effect until I notify the University at Albany employee/office named in this form, in writing, to cancel it.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties. University at Albany is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student’s Signature: _________________________________________ Date: ____________