STUDENT CONSENT FORM TO RELEASE INFORMATION
Family Educational Rights and Privacy Act (FERPA) of 1974
20 USC § 1232g and 34 CFR § 99

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)

(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: ____________

STATE OF NEW YORK )
COUNTY OF ) SS.:

On the _____ day of _____________, 20__, before me personally came
______________________________________, to me known and known to me to be the person described in
and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the
same.

_____________________________
Notary Public

University at Albany is required to keep the original signed consent form. Students are advised to keep a copy of this consent form with their records.