



UNIVERSITY
AT ALBANY

State University of New York

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)

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:** _____

Sworn to before me this ____
day of _____, _____.

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.