



UNIVERSITY AT ALBANY

State University of New York

www.albany.edu/registrar

(518) 442-5540
FAX 442-5532

STUDENT CONSENT 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 are authorizing to release your information.*

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the University at Albany 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 #)

hereby give my written (notarized) consent to the University at Albany, State University of New York, to disclose, make accessible, and furnish the following information upon request:

- | | |
|--|--|
| <input type="checkbox"/> Financial Aid Record | <input type="checkbox"/> Program Completion Status |
| <input type="checkbox"/> Billing Record | <input type="checkbox"/> Grades (includes semester GPA and cumulative GPA) |
| <input type="checkbox"/> Disciplinary Record | <input type="checkbox"/> Class enrollment (no professor(s) or classroom(s) provided) |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Degree Audit |
| <input type="checkbox"/> Violations of Academic Integrity Record | <input type="checkbox"/> Student Holds |
| <input type="checkbox"/> Residential Life File | <input type="checkbox"/> Other (Description: _____) |

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 faculty/staff/office named in this form, in writing (and notarized), to cancel it.

I understand that the specific information referenced in 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. The University at Albany is hereby released from all legal responsibility or liability pertaining to 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

Students are advised to keep a copy of this consent form for their records.

Please note: If the University at Albany is not able to authenticate the third party, any requests made by the third party, to access the non-directory educational records of the student, will be denied.