

THE CITY UNIVERSITY OF NEW YORK

FERPA RELEASE FORM

PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

This form allows students to grant third parties, including parents, access to their educational records maintained by the student's college. The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student, with certain regulatory exceptions. A description of a student's rights under FERPA is set forth in more detail in the college catalog.

Student Name (Please Print): _____

Social Security Number or University Identification Number _____

I, the undersigned, hereby authorize _____ College of The City University of New York, to release the following educational records and information (identify records or types of records below):

These records should be released to the following person/agency (identify name and address of person/agency to receive information):

These records are being released for the purpose stated below:

Student's signature

Date

Please note that "directory information" can be given out without the student's written consent. The City University of New York defines directory information to include such information as a student's name, attendance dates, home and e-mail address, telephone number, date and place of birth, photograph, status (e.g., full/part-time, undergraduate/graduate), degree program, credits completed, major, student activities and sports, previous school attended, and degrees, honors and awards received. This information may be released to anyone, unless restricted by written authorization of the student. Contact the Registrar's Office at your campus if you wish to restrict this information.

OGC 1/06

FOR OFFICE USE ONLY	
RECEIVED BY/ DATE: _____	FOLDER: <input type="checkbox"/> Y <input type="checkbox"/> N
PROCESSED BY/ DATE: _____	ADM: FRSH TRNS GRAD
EFF. TERM: <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU	START TERM: FA SP _____

Return this completed form to:
Office of the Register, Records & Transcripts
Shuster Hall, Room 102