

CONSENT TO RELEASE STUDENT INFORMATION

(RETURN COMPLETED FORM WITH PICTURE ID TO: REGISTRAR'S OFFICE, Building 2A, Room 107)

The Family Educational Rights and Privacy Act of 1974 (FERPA) was designed to protect the privacy of a student's education records and to afford students certain rights pertaining to their education records. The College of Staten Island complies with FERPA and explains its procedures in the **College of Staten Island on Disclosure of Education Records**. In accordance with FERPA and its policy, the College of Staten Island will disclose information from education records with the student's written consent.

I, _____, EMPLID ID
 Please print: Last name, First name

residing at _____.

I am currently enrolled/former student at the College of Staten Island, The City University of New York, hereby authorize the College of Staten Island to release the following information to the individual indicated below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Complete access to all records with no exceptions | <input type="checkbox"/> Admissions records | <input type="checkbox"/> Advising records |
| <input type="checkbox"/> Academics records (Grades/GPA) | <input type="checkbox"/> Course schedule | <input type="checkbox"/> Disability records |
| <input type="checkbox"/> Billing record | <input type="checkbox"/> Graduation records | <input type="checkbox"/> Disciplinary records |
| <input type="checkbox"/> Financial Aid records | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Records specified above may be released to/discussed with the following individual(s):
 (A photo identification must be presented prior to release/discussion of record)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

My signature below verifies that I have read and understand the FERPA regulations as stated above.

Student's Signature _____ Date: _____

This authorization will remain continuously in effect until I withdraw this authorization in writing.

Only complete this section to revoke the above individual's access to your information at a later date.

- I revoke my permission for release of information to the above named individual.

Student's Signature: _____ Date: _____

For Registrar's Office Use Only Updated by _____ Date _____	Student ID must be provided when submitting this form.
--	--