

# FERPA

## Authorization Form to Release Student Educational Records

### Enter Student Information:

**Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), the State University of New York at Morrisville is prohibited to disclose information from your education records to a third party. This restriction applies to information pertaining to your application, grades, billing, payment, tuition and fee assessment, financial aid (including scholarships, grants, or loan amounts). This regulation applies but is not limited to, your parent(s), step-parent(s), your spouse, or a sponsor. *Students cannot be denied any educational services from SUNY Morrisville if they refuse to provide consent.*

To authorize SUNY Morrisville to release information concerning your student records to a third party, please fill in the information below and submit this authorization form to: **SUNY Morrisville, Office of the Registrar**, see address below. By doing so, you consent to the disclosure of any personally identifiable information from your education records to a third party, for reasons determined by SUNY Morrisville as appropriate. This authorization will remain in effect unless I notify the college in writing.

### Access Granted To:

**Name:** \_\_\_\_\_

**4 Digit Pin Code #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**4 Digit Pin Code #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

*The specified information will be made available only if requested by the authorized third party; that person must be able to provide identifying information when requested. In addition, I authorized these individuals to speak on my behalf regarding my account.*

### Student Authorization:

By signing below, I authorize SUNY Morrisville to disclose and discuss information from my student record with the individuals listed above.

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_