In accordance with regulations contained within the Family Educational Rights and Privacy Act, Empire State College, State University of New York, will disclose to designate parties information from the educational records of a student, provided the college has on file written consent by the student.

**Student**, please sign this form and return to the Office of the Registrar if you consent to the release of your educational records to such parties you designate below.

* 

I hereby authorize Empire State College, State University of New York, school officials to release my educational records to the following (if the release is for specific records they are listed below):

_____________________________________________________________________________________

Name

_____________________________________________________________________________________

Name

_____________________________________________________________________________________

Name

_____________________________________________________________________________________

Name

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within the **FERPA** regulations.

I understand that I may revoke this authorization at any time.

_____________________________________________  

Student’s printed name  

_____________________________________________  

Date

_____________________________________________  

Student’s signature  

_____________________________________________  

Student ID #

Specific Records To Release (if all records may be released, indicate by saying “Any Educational Records Requested”):

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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