



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

Office of Registration and Records

CONSENT TO RELEASE STUDENT INFORMATION
Authorization Form

Student Name (print): _____

Banner ID# : _____

Check one: I am a New Freshman New Transfer Returning Student Re admit

In compliance with the Federal Family Education Rights and Privacy Act of 1974 (FERPA), The College at Brockport is prohibited from providing certain information from your student records to a third party, such as information pertaining to grades, billing and payment, tuition and fee assessment, and financial aid (including scholarships, grants, work-study, or loan amounts). This restriction applies, but is not limited to, your parent(s) and/or step-parent(s), your spouse, or a sponsor. Further information on FERPA regulations can be found at www.brockport.edu/parents/ferpa.html.

Students may grant The College at Brockport permission to release information concerning their student records to a third party (including parents, step-parents, etc.) by submitting this completed Consent to Release Student Information Authorization form. You must identify each individual person to whom you wish to grant access/information regarding your student records.

- The specified information will be made available only if requested by the authorized third party; that person must be able to provide The College at Brockport with the appropriate identifying information (e.g., 4 digit pin) when requested.
- The College does not automatically send information to a third party.

Pursuant to the Family Educational Rights and Privacy Act of 1974, I, the above named student, hereby give my consent for The College at Brockport to release information to the individual(s) listed below. In addition, I authorize these individuals to speak on my behalf regarding my account.

Name (please print)	Relationship (Mother, Father, Spouse, Guardian)	4 digit pin
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below verifies that I have read and understand the FERPA Regulations as stated above and on The College at Brockport website. I agree to the information release terms stated above and I understand this authorization will be effective until such time that I revoke it in writing.

(Student Signature)

(Date)

Rev. (04/14/11)

RETURN COMPLETED FORM TO ADDRESS BELOW