



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

**RETURN COMPLETED FORM TO ADDRESS BELOW:**

**CONSENT TO RELEASE STUDENT INFORMATION**

*Authorization Form*

Student Name (print): \_\_\_\_\_ Revised form: \_\_\_\_\_

Banner ID#: \_\_\_\_\_

Check one: I am a       New Freshmen       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, financial aid (including scholarships, grants, Work-Study, or loan amounts) and other student record information. 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](http://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 (FERPA) of 1974, I, the above named student, hereby give my consent for SUNY 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Revision requested:       Revoke Access of people above       Reset PIN to number(s) above

My signature below verifies that I have read and understand the FERPA regulations as stated above and on the SUNY Brockport Web site. 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 or 1 year after my last term of attendance.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)