

FERPA RELEASE FORM PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

Students who wish to grant third parties, including parents, access to educational records maintained by the student's college should use this form, which requires a date and signature. Electronic signatures are acceptable only if the College is able to identify and authenticate the student as the source of the release.

The Family Educational Rights and Privacy Act (FERPA) prohibits access to, or release of, educational records or personally identifiable information contained in such records without the written consent of the student. This prohibition is subject to certain exceptions. For more information about FERPA, see <https://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/legal-affairs/policies-procedures/FERPA-2.pdf>

Student Last Name: _____ **Student First Name** _____ **CUNYFirst ID:** _____

KCC College Email: _____

These records should be released to the following person/agency (identify name of person/agency, address to receive information):

Third Party Name (Agency): _____ **Relationship (If any):** _____

Address: _____

Third Party Name (Agency): _____ **Relationship (If any):** _____

Address: _____

I, the undersigned, hereby authorize **Kingsborough Community College - CUNY**, to release the following educational records and information (identify records or types of records; "all records" is not sufficient):

If you choose to give consent, check the box(es) on the left.

If you choose to terminate consent, check the box(es) on the right.

| Grant Consent | | Terminate Consent |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Academic Records: Please specify: <i>(Example: Classschedule, GPA, grades, graduation status, etc.)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | Financial Aid: Please specify: <i>(FAFSA information, financial aid award, holds disbursements, etc.)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | Student Financial Account: Please specify: <i>(bills, payments and refunds, etc.)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | Other (specify): | <input type="checkbox"/> |

These records are being released for the purpose stated below:

To consent or terminate the consent of this application the student must sign below and provide photo identification.

Student's signature: _____ Date: _____

OFFICE ONLY:

Staff Initial: _____

Date: _____

Photo ID Checked: _____