



AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

NOTE: This form is for all departments **except for:** Records & Registration, Student Accounts or Student Financial Services. For those three departments **ONLY** complete the waiver in my.newpaltz.edu→General→Information Release Waiver.

Name of Student _____ DOB / /
MM DD YY

I, the undersigned, authorize SUNY New Paltz to release the following educational records and/or any information contained therein. (please identify specific records, types of records, or indicate "all records"):

To (person/agency to receive information):

Last Name First MI

Agency

Street

City State Zip Code

This information release applies to the following office(s):

I understand and acknowledge that (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to SUNY New Paltz, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I understand that the records to be disclosed may include my social security number and other personally identifiable information. This information may not be redisclosed to others and will be destroyed as soon as all statistical analysis has been performed, or when the information is no longer needed, whichever date comes first.

Student's Signature

Date

PLEASE RETURN FORM TO:
Office of Records & Registration
State University of New York at New Paltz
500 Hawk Drive
New Paltz, NY 12561-2439
recreg@newpaltz.edu