

The Graduate School office
State University of New York at New Paltz
1 Hawk Drive
New Paltz, NY 12561-2443

E-mail:
gradschool@newpaltz.edu

WAIVER FOR THE RELEASE OF INFORMATION

Student's Name _____
Please Print

ID _____

Written Permission must be granted by the student in order for the Graduate School Office to discuss information from the student's records with any third party, including *parents, guardians or spouse*.

I hereby give permission to the Graduate School Office to discuss matters related to my record with:

Names (Please Print)	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I understand that this agreement to release information will be in effect only for the current academic year. If I choose to waive my right to privacy during the next academic year, I will have to submit another waiver to the Graduate School Office.

Student's Signature: _____ Date: _____