



STUDENT RELEASE OF INFORMATION TO A THIRD PARTY

Student's Name: _____ **SUNY ID#** _____

The Family Education Rights and Privacy Act (FERPA) of 1974 provides privacy protection of a student's records and limits the release of such records without the student's consent. The Act further provides that such records may be disclosed to a third party with the student's written consent.

DECLARATION:

The student whose signature appears has authorized release to the following Third Party for the specified record:

Name of Third Party Individual or Organization

Address

Record(s) to be released: _____ or All Records _____

I acknowledge that I am aware of this request to release my records to the Third Party specified above. **I UNDERSTAND THIS AUTHORIZATION IS VALID UNTIL I PROVIDE WRITTEN NOTICE OF REVOCATION.** I further release Auxiliary Services Corporation of SUNY Cortland, its Members, Officers, Agents or Assigns from any and all liability for release of the above named records/information.

Student's Signature

Date

PARENTS CERTIFICATION OF DEPENDENCY FORM (For release of student records)

Student's Name: _____ **SUNY ID#** _____

The Family Education Rights and Privacy Act (FERPA) of 1974 provides privacy protection of a student's records and limits the release of such records without the student's consent. The Act further provides that such records may be disclosed to parents or legal guardians if the student is a dependent as defined in Section 152 of the Internal Revenue Code of 1954.

PARENT OR GUARDIAN DECLARATION:

I certify that I am the parent/legal guardian of the listed student in accordance with the legislation stated above. I further understand that this release is in effect for one (1) academic year (ending in spring) and must be renewed annually to remain in effect. I further release Auxiliary Services Corporation of SUNY Cortland, its Members, Officers, Agents or Assigns from any and all liability for release of the above named records/information.

Parent/Legal Guardian Name

Parent/Legal Guardian Name

Address

Address

City State Zip Code

City State Zip Code

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date