SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE

FERPA RELEASE OF INFORMATION AUTHORIZATION FORM

This form is valid for one year and must be submitted to the Registrar's Office annually. This form may be submitted to the Registrar's Office in-person with photo ID. If you wish to submit this form by mail, it must be notarized at the bottom prior to being returned to the Registrar's Office.

I understand that, in order for Schenectady County Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent. I further understand that, for any such disclosure over the phone, even to myself, the college must authenticate the caller.

I understand that I am not required to sign and return this form if I do not give consent or if I do not wish to receive information over the phone.

Last Name First Name Middle

Preferred Name

Student ID Number Date of Birth

The following FERPA password must be provided, either by myself or by any named individual below, when making a telephone inquiry:

FERPA PASSWORD _____

I am giving consent to either:

Disclose	**Do Not Disclose**	
☐	☐	Academic Records (Grades/Transcripts/Schedule)
☐	☐	Billing Statements
☐	☐	Financial Aid Information

Name(s)_____

Relationship: Parent ☐ Guardian ☐ Spouse ☐ Sibling ☐ Other:

The person to whom disclosure is made must also provide my Student ID Number if they make a telephone inquiry.

_____ _____ FORM VALID UNTIL:_____

Student Signature Date

ID VERIFIED: _____/Date_____

If this form is not completed in the presence of an Admissions Office or Registrar's Office representative, the document must be notarized.

STATE OF NEW YORK

COUNTY OF :ss:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that they executed the same in their capacity(ies), and they by their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the same.

_____

Notary Public

FORM: REG-ROI-1