



**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.

Name of Student _____ D.O. B. _____

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

All Records

To (person/agency to receive information):

Last Name: _____ First Name: _____ MI: _____

Agency: _____

Street: _____

City: _____ State: _____ Zip Code: _____

For the purpose of:

I understand and acknowledge that:

- (1) I have the right not to consent to the release of my education records.
- (2) This consent shall remain in effect until revoked by me, in writing, and given to SUNY Potsdam, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.
- (3) 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 Signature _____ Date _____