FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACTS (FERPA) AUTHORIZATION FORM

This form Allows students to grant third parties, access to their educational records maintained by York College. The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to or release of educational records or personally identifiable information contained in such records (other than directory information)without the written consent of the student.

_____ _____ _____

Student Last Name **Student First Name** **CUNYFirst ID**

York College Email: _____

I, the above name student, understand the contents of this form pertaining to the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize **YORK COLLEGE-CUNY,** to release the identified records to the person/agency. The named individual(s) listed below must provide government issued identification.

Full name: _____ **Relationship:** _____

Person/Agency Name and Address:

_____

_____

I, the above name student, herby authorize York College of the City University of New York to release the following:

_____ Complete Access to entire records with no exceptions

_____ Academic Records (attendance, class schedule, GPA, grades, graduation status, etc.)

_____ Financial Aid (FAFSA information, financial aid award, holds disbursements, etc.)

_____ Student Financial Account (bills, payments and refunds, etc.)

_____ Other (specify): _____

These records are being released for the purpose of:

_____

The completed application must be submitted in person by the student with photo identification.

_____

Student Signature **Date**

To terminate the consent of this application the student must sign below and provide photo identification.

Termination of Consent:

_____

Student Signature **Date**

OFFICE ONLY:

Staff Initial: _____ **Date:** _____ **Staff Initial:** _____ **Processed Date:** _____

Photo ID Checked