

25 West 43rd Street, 19th FL, New York, NY 10036-7406 | Phone 646 313-8300 | Fax (646) 313-8302 | Registrar@slu.cuny.edu

THE CITY UNIVERSITY OF NEW YORK **FERPA RELEASE FORM** PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

Students who wish to grant third parties, including parents, access to educational records maintained by the student's college should use this form, which requires a date and signature. Electronic signatures are acceptable only if the College can identify and authenticate the student as the source of the release. The Family Educational Rights and Privacy Act (FERPA) prohibits access to, or release of, educational records or personally identifiable information contained in such records without the written consent of the student. This prohibition is subject to certain exceptions. For more information about FERPA, see https://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/legalaffairs/policies-procedures/FERPA-2.pdf

Student Name (Please Print):

EMPLID: _____ or

Date of Birth M/D/Y

I, the undersigned, hereby authorize the School of Labor and Urban Studies of The City University of New York, to release my education records and information. (identify records or types of records; "all records" is not sufficient):

These records should be released to the following person/agency (identify name and address of person/agency to receive information):

These records are being released for the purpose stated below:

For any questions, please contact the Office of the Registrar at registrar@slu.cuny.edu.

Student's Signature

Date