

Suffolk County Community College

Authorization to Release Education Information

Student Last Name, First Name

Student ID Number

The Family Educational Rights and Privacy Act of 1974 (FERPA) serves to protect the privacy of students' education records. The right to review records resides with you, the student. However, you may choose to allow information in your education records to be released to others, such as parents. This signed form will allow Suffolk County Community College to release information contained in your education records, i.e., schedule/bill, grades/GPA, etc., to those you indicate below; and will be in effect until you officially change it. **This release does not grant the recipient the ability to: change any part of the record, add or drop classes, speak with a faculty member or other College official, or request that any portion of the record be sent to a third party.**

I, _____, authorize Suffolk County Community College to release information regarding my educational records to: (check all that apply)

___ Name: _____ Relationship: _____

___ Name: _____ Relationship: _____

___ Name: _____ Relationship: _____

___ Any and all print and electronic media outlets, in connection with publicity/news releases and/or marketing materials prepared by the College.

Optional: Please restrict access to the following information:

NOTES: This form must be processed in person. *Photo I.D. of the student is required for processing. Authorized persons receiving information must show photo I.D. *Please contact your campus Registrar's Office for possible exception to in-person processing.

Student Signature: _____ Date: _____

Additional information regarding FERPA can be found on the Suffolk County Community College website at: www.sunysuffolk.edu/Registrar as well as Offices of the Associate Deans of Student Services, campus Registrar's Offices, and the central Office of Legal Affairs and Office of College Registrar.

Please leave the completed form in the office from which you obtained it.

For Office Use Only

Date received: _____ Signature of College Official: _____

Note to College Official: This document must be returned to the campus Registrar's Office.