



Office of Legal Affairs

**U.S. FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT
AUTHORIZATION TO RELEASE EDUCATION RECORDS**

The U.S. Family Educational Rights & Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. [College policy](#) also protects the privacy of education records and personally identifiable information from a student's education records (other than directory information). For complete information regarding FERPA, please visit: <https://studentprivacy.ed.gov/>. A description of students' rights under FERPA is set forth within more detail in the College Catalog.

This form allows students to grant third parties, including parents/guardians, access to their education records maintained by Suffolk County Community College.

Student Name: _____ **Student Date of Birth:** _____
Student Identification Number: _____

Authorized Consent for Release of Records

I understand that under FERPA, its implementing regulations, and applicable College policy, my education records will not be released to a third party without my signed and dated written consent, unless a legal exception applies. I, the undersigned, hereby authorize **Suffolk County Community College** to release the following education records and information for the student named above to the following individual(s)/entities:

Name of Authorized Individual(s)/Entity(s) to whom records may be disclosed: _____

Relationship to Student: _____

Address: _____

Email Address: _____ Phone Number: _____

The purpose of this disclosure is: _____

The records which may be disclosed are (*Identify the records or types of records below*):

- | | | |
|--|--|--|
| <input type="checkbox"/> Official transcript | <input type="checkbox"/> Unofficial transcript | <input type="checkbox"/> Health Services records |
| <input type="checkbox"/> Schedule | <input type="checkbox"/> Disciplinary records | <input type="checkbox"/> Disability Services records |
| <input type="checkbox"/> Financial aid records | <input type="checkbox"/> Billing/payment records | |
| <input type="checkbox"/> Other (please specify): _____ | | |

This release is to be in effect until (*Insert Date or Event*): _____

Eligible Student Signature: _____ **Date:** _____