

## 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. Please submit fully executed form to the Office of the Registrar.

Name of Student \_\_\_\_\_ OW ID# \_\_\_\_\_

I, the undersigned, authorize SUNY Old Westbury to release the following educational records and/or any information contained therein. Please identify specific records below:

☐ Bursar   ☐ Enrollment Services   ☐ Financial Aid   ☐ Registrar   ☐ Residential Life   ☐ OSSD   ☐ Other \_\_\_\_\_

To [person(s) to receive information]:

\_\_\_\_\_  
Last name                      First                      Mi

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Last name                      First                      Mi

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip Code

*I understand that the above referenced person(s) must be physically present with government issued photo ID to access the information as authorized by me.*

*I understand and acknowledge that (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to SUNY Old Westbury, the Office of the Registrar, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.*

*I understand that records to be disclosed may include personally identifiable information. This information may not be re-disclosed to others.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notary Acknowledgement:

State of New York

County of \_\_\_\_\_

On this, the \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_, before me a notary Public, the undersigned officer, name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

Seal

**OR**

The student's identity has been confirmed by his/her Old Westbury ID card and his/her signature witnessed by the following SUNY Old Westbury staff member.

Staff Name \_\_\_\_\_ Administrative Department \_\_\_\_\_

Office of the Registrar use only: \_\_\_\_ SGASTDN Comment Added