

# Student Information Release Form (FERPA Release)

Used for Recommendation Letters, Letters of Good Standing, Degree Letters or Enrollment Verifications



**When Do You Use This Form?** This form is completed when a student would like to authorize SUNY Cortland to release information to a third party. Common requests include, but are not limited to:

- Letters to insurance companies for discounts or eligibility certification.
- Letters to auto dealerships or loan companies for discounts.
- Letters to loan companies, banks or originators to verify enrollment or begin/end deferment periods.
- Letters to scholarship organizations or committees where verification is required.
- When requesting recommendation letter requests or reference requests.

Student Name: \_\_\_\_\_ Cortland ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Do not include a SSN on this form. Date of birth is only used for record lookup when a Cortland ID is not available.*

Under the provisions of the Family Education Rights and Privacy Act (FERPA), the above student authorizes SUNY Cortland to release academic records to the party/parties named below for the purposes described below.

## I. Student Data Release

*Students requesting recommendation letters or reference letters should proceed to section 2.*

Please state the purpose of this request: \_\_\_\_\_

Please describe the specific information to be released: \_\_\_\_\_

## II. Recommendation or Reference Letters

*Complete this area when requesting a letter of recommendation from a faculty or staff member. Provide the form to the faculty or staff member. Faculty or Staff Member: Please forward a copy of the completed form to the Registrar's Office for recordkeeping.*

I grant \_\_\_\_\_ permission to write a letter of recommendation or reference on my behalf. The letter can include the following:

- Course Grade(s)    Class Progress    GPA    I waive my right to review a copy of this letter of recommendation now and in the future.

## III. All Requests: Recipient and Delivery

*Provide the name, address, or fax number of the person who you would like to receive this information. We cannot transmit or share student information via email.*

Method of Delivery:    Pickup Letter    Fax Letter    Mail This Information to the Third Party Below    Mail This Information to Student Address Above

Fax Transmission Acknowledgement - The undersigned student gives SUNY Cortland permission to fax information to the provided fax number (below), and understand that faxing contains inherent security risks. The requestor is responsible for the security and accuracy of fax transmission number and recipient.

Name/Company: \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

Address Information: \_\_\_\_\_

Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allow at least 5 business days to obtain required information.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_