

Consent to Release Academic Records

Notary Required



In accord with the Federal Family Educational Rights and Privacy Act (FERPA), students at SUNY Cortland have certain rights regarding the privacy and security of their academic records. SUNY Cortland cannot disclose information contained in student records without explicit consent from the student or pursuant to a FERPA exception. Students may elect to grant third parties access to certain information. Third parties may include parents, lenders, legal associates, and employers. Students at Cortland are 'eligible students' as per FERPA, and are the sole bearer of the record.

This form authorizes SUNY Cortland to release information to named third parties, but does not obligate the College to do so. SUNY Cortland reserves the right to require that requests be made in writing in the interest of protecting student safety and the integrity of records. SUNY Cortland also reserves the right to evaluate requests on an individual basis. Students may choose which information they wish to share or restrict.

Required Notice: Students may revoke access at any time without notification to permitted parties by providing a signed revocation request to the Registrar.

Student Name: _____ Cortland ID: _____

Information you are choosing to release (check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Grade & GPA Information | <input type="checkbox"/> Academic Standing & Status |
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Address & Phone Information |
| <input type="checkbox"/> Course Schedule Information | <input type="checkbox"/> Academic Hold Information |

Other pieces of academic information you choose to release:

Persons who are granted access to records:

Complete Name(s): _____

Complete Address(es): _____

Relationship(s) to Student: _____

Duration of information release (check one):

If you are granting a release for one time use only (or for a single transaction) please identify the date below by selecting the "specific timeframe" option.

- Academic Year: Release is granted for the duration of the current academic year. Academic Year: _____
- Specific Timeframe: Release is granted only for the following dates. _____ to _____

Consent will expire at the close of the current academic year. The academic year end-date will supersede any end-date that extends beyond the academic year.

Purpose of release (check one):

- | | |
|--|---|
| <input type="checkbox"/> Employment or Job Application | <input type="checkbox"/> Admission to Educational Institution |
| <input type="checkbox"/> Family Communication | <input type="checkbox"/> Legal Communication or Disclosure |

Other: _____

Student Signature: _____ Date: _____

NOTARY PUBLIC – The signature of the student named above must be notarized.

STATE OF NEW YORK, COUNTY OF _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public