

CONSENT TO RELEASE EDUCATIONAL RECORDS

I, _____, Social Security Number _____,
residing at _____,
a currently enrolled / former student at Hunter College, The City University of New
York, consent to the release of my educational records protected under the Family
Educational Rights and Privacy Act (FERPA) as follows:

1. Records specified below may be released to / discussed with the following individual(s): (A photo identification must be presented prior to release/discussion of record)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

2. The following records may be released / discussed:

___ All of my educational records maintained at Hunter College

This consent is limited to the records indicated below: (Check all that apply)

___ Transcript

___ Student Information Management System (SIMS) records

___ Bursar's Receipt

___ Academic advising

___ Personal counseling records

___ Disciplinary charges and proceedings

___ Medical Office records

___ Financial Aid Office records

___ Other Specify: _____

3. The records indicated may be released for the following purpose(s):

Signature

Date