

Request to Release Educational Records



Pursuant to the Family Educational Rights and Privacy Act (FERPA), Hunter College does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize Hunter College to release my personal student information to the below-named third party. For additional information, visit the FERPA Information page at the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

On a very limited basis, Hunter College will grant approval of submitted requests for release of educational records to an individual other than the student on record. This form is simply a request and is subject to approval.

I, *[Student Name]* _____, EMPL ID # _____,
Hunter Email _____; residing at *[Address or Residence Hall]* at _____;
a currently **enrolled** / **former** student *[Circle one]* 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. Reason/s for release: _____

2. Release through the following date: ____ / ____ / ____.

3. Records specified below may be released to/discussed with the following authorized individual:
Note: Valid photo identification (i.e. state ID, license, and passport) for both the student and individual listed below must be presented prior to release/discussion of record. Copies of identification (IDs) will be retained.

Authorized Individual Information and Preferred Methods of Release:

Authorized Individual Full Name: _____ Relationship to Student: _____
The records listed below may be released/discussed by the following method/s *[Check all that apply and enter information]:*

In Person Email: _____
 Phone: _____ Fax: _____
 Postal Service *[Address]:* _____

4. This release is limited to the records indicated below: *[Check all that apply]:*

<input type="checkbox"/> Academic Advising Records	<input type="checkbox"/> Course Records (CUNYFirst)	<input type="checkbox"/> Financial Records (CUNYFirst)
<input type="checkbox"/> Conduct Records	<input type="checkbox"/> Disability Records (AccessABILITY release ONLY)	<input type="checkbox"/> Service Indicators/Stops (CUNYFirst)

Student Signature: _____ Date: ____ / ____ / ____

Authorized Individual's Signature: _____ Date: ____ / ____ / ____

For Administrative Use Only:

Administrator Name: _____ Title: _____
Department/Office: _____

Decision (Circle one): **APPROVED** / **DENIED** Release period of time (Circle one): **APPROVED** / **DENIED**

If request is DENIED, provide reason for decision: _____
If release period of time is DENIED, provide revised time: _____

Administrator Signature: _____ Date: ____ / ____ / ____