



**OFFICE OF THE DEAN OF  
STUDENT DEVELOPMENT SERVICES**

Tel: 845-434-5750 ext. 4263  
 Fax: 845-434-1866  
 cdepew@sunysullivan.edu

**Family Educational Rights and Privacy Act Waiver**

<b>Student Name:</b>	<b>Student ID:</b>
<b>Current Address:</b>	
<b>Primary Phone: (    )</b>	<b>Alternate Phone: (    )</b>

It is acknowledged that the Family Educational Rights and Privacy Act (FERPA) mandates that records of students enrolled in college courses be protected from access by essentially anyone other than the student, members of the college community who have a need and right to access information, and certain government agencies as permitted by law.

By signing this statement I partially waive my right of privacy and will allow the designated person(s) or agency access to my information as indicated. Unless I revoke or modify this permission in writing, the waiver will expire at the end of the sixth consecutive semester following the date of signing as long as I remain enrolled at SUNY Sullivan, or at the end of any semester during which I withdrew.

Note: This form may not be used to waive privacy to medical, counseling, or disability issues. Waivers for these three items must be presented to the appropriate office.

**List person(s) and or agencies to have access to information below.** (limit 2 per student, should you need to add more please use a second form.)

\*\*Note that information obtained will strictly be used to authenticate the identity of the requesting party, and to give the college information needed to enter into our FERPA database. \*\*

1.) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Has this person every attended SUNY Sullivan: \_\_\_\_\_  
 (If yes please list any other names he/she may have used (i.e. maiden name)

**Information to be accessed:**

- Conduct or disciplinary records
- Academic Grades/Progress  
 (mid-term grades, final grades, academic standing, class attendance, and progress to date from Professors)
- Financial Aid and Student Billing information
- Other please describe: \_\_\_\_\_
- All of the Above



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2.) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Has this person ever attended SUNY Sullivan: \_\_\_\_\_  
(If yes please list any other names he/she may have used (i.e. maiden name))

**Information to be accessed:**

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- Other please describe: \_\_\_\_\_
- All of the Above

X \_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Note: The original of this form will be on file in the Dean of Student Development Services office (J-113). Unless requested otherwise, information on this waiver will be available in our record system. Any questions may be directed to the Dean of Student Development Services in J-113.