



OFFICE OF THE DEAN OF  
STUDENT DEVELOPMENT SERVICES

Tel: 845-434-5750 ext. 4263  
Fax: 845-434-1866  
Dean@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 completing this form 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.

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

\*\*This form MUST be notarized OR completed in the presence of a SUNY Sullivan staff member before it will be processed. SUNY Sullivan has licensed notaries on staff. Please contact the Dean's office for a complete list.

**List person(s) and/or agencies below in which you are granting permission to access your education record.** (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 ever 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



OFFICE OF THE DEAN OF  
STUDENT DEVELOPMENT SERVICES

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

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:**

- 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

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.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared  
(Month) (Year)

\_\_\_\_\_, to me known and who by me being duly sworn, acknowledged to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

\_\_\_\_\_  
Notary Public

SUNY Sullivan Staff Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_