



## OFFICE OF THE REGISTRAR

Tel: 845-434-5750 ext. 4302

Fax: 845-434-4806

Registrar@sunysullivan.edu

Office Use Only

Expiration Date:

### Family Educational Rights and Privacy Act Waiver Student Records Release Authorization

<b>Student Name</b>		<b>Student ID:</b>	
<b>Current Address:</b>			
<b>City, State, Zip:</b>			
<b>Primary Phone:</b>		<b>Alternate Phone:</b>	

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA), SUNY Sullivan is prohibited from providing certain information from your student records to a third party such as your parent, your spouse, your employer, etc. School officials, who have a legitimate educational interest, and certain government agencies may obtain access to your records as permitted by law.

You may, at your discretion, grant SUNY Sullivan permission to release information about your student records to a third party by submitting this waiver.

Unless you 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 you remain enrolled at SUNY Sullivan, or at the end of any semester during which you withdraw.

This FERPA waiver cannot be used to waive privacy to medical, counseling, or disability information, which fall under HIPAA. Waivers for these three areas must be presented to the appropriate offices.

**\*\*This form MUST be notarized OR completed in the presence of a SUNY Sullivan staff member before it can be processed.**

**List up to two person(s) and/or agencies to whom you are granting permission to access your education record.** (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], or enter ID number, if known.)  
**Password:** \_\_\_\_\_  
**(IMPORTANT: This password will be asked of the third party at the beginning of each communication with a SUNY Sullivan staff member)**

**Select the information to be released to the third party. You may check more than one:**

☐ Academic Grades/Progress

(mid-term grades, final grades, academic standing, and progress to date from Professors)

☐ Attendance

☐ Conduct or disciplinary records

☐ Financial Data (Financial Aid and Student Billing information)

☐ Other Student Data 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], or enter ID number, if known.)

Password: \_\_\_\_\_

**(IMPORTANT: This password will be asked of the third party at the beginning of each communication with a SUNY Sullivan staff member)**

**Select the information to be released to the third party. You may check more than one:**

☐ Academic Grades/Progress

(mid-term grades, final grades, academic standing, and progress to date from Professors)

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☐ Other Student Data please describe: \_\_\_\_\_

☐ All of the Above

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The original of this form will be on file in the Office of the Registrar.

If this form is filled out without the presence of a SUNY Sullivan staff member on campus, please sign it in the presence of and have it notarized by a Notary Public

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: \_\_\_\_\_