

Syracuse University

Office of the Registrar

Authorization to Release Educational Information

Please complete, sign and submit this release form to the Office of the Registrar if you want to disclose (verbally or in the form of written copies of records) your educational records, including but not limited to: personally identifiable information from your education records to individuals, other universities, employers or third parties that you authorize Syracuse University to release as specified below. **(Note: this release form does not cover medical, disciplinary or financial records, held solely by other University Offices). Please contact those offices for consent forms.**

SUID: _____ Student Name (please print): _____
(Last, First, M.I.)

Permanent Street Address: _____ (City, State, Zip Code)

I understand that under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, ("FERPA") I have certain rights with respect to my Education Records. I understand that among those rights, I have the right to provide written consent before Syracuse University discloses Personally Identifiable Information from my education records. I also understand I have the right to revoke this authorization at any time by notifying Syracuse University, Office of the Registrar in writing. This consent form serves as written consent in compliance with FERPA.

Please select the education records or information that may be disclosed:

All Academic Records (or)

Grades/GPA

Registration/Enrollment Status

Courses taken/Class schedule

Academic Status

Specific (list): _____

For each individual/entity to whom this information will be provided please include the purpose of disclosure and a security access code to be used by the individual/entity for identification purposes that you will provide to the individual or entity.

Name and Address of Individual/Entity to whom records may be disclosed:

Purpose of Disclosure (specify): _____

Security Access Code (word or number): _____

This Authorization will remain in effect until: _____

SIGNATURE _____ DATE _____