



Records and Registration
 Shepard Student Center, 3rd Floor
 115 South Street
 Middletown, NY 10940
 Tel: 845-341-4140
 Fax: 845-342-8662

FERPA Permission Form

Student Name:	Date of Birth:	Semester: FA____ SP____ SU____
Mailing Address:	Student ID#: A _____	
City / State / Zip:	Telephone Number:	
Signature:	Date:	

Please complete the following only if you want another party to have access to your educational records.

Permission to release confidential information from a student's educational records

In compliance with the Family Educational Rights and Privacy Act (FERPA), the disclosure of information from a student's educational record is considered confidential and will not be released, with certain exceptions, without the student's written permission. In accordance with FERPA, SUNY Orange will disclose to a parent(s), spouse, other family member(s), or third party(s) information from the student education record provided the College has on a file written consent from the student.

*** Please complete the following information below and return to the Records and Registration Office in Middletown or Student Services Central in Newburgh. You will be required to show picture ID in order for the form to be officially accepted.**

***This form is only valid for one Academic year unless permission is withdrawn before the end of the Academic year. A new form must be submitted every year. (If you start in the Fall semester you will have to submit a new one the following Fall semester)**

Name	Relationship to Student	Phone Number

Please visit our website at http://www.sunyorange.edu/academic_services/ferpa.shtml for detailed information about FERPA

Specific Records that may be disclosed (CHECK ALL THAT APPLY)

- Financial Aid
- Student Accounts
- Grades
- Attendance/Schedule
- Special Accommodations
- Other (must specify) _____

State the purpose for the disclosure (must be filled out)