



FERPA Consent Form

Name of Student (Last, First, Middle Initial)	Student ID#: A	Date of Birth:
Address:		
City:	State:	Zip:
Telephone Number:		
Semester: Fall Spring Summer Winter Year: _____		

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

Consent to release confidential information from a student's educational records without the student being present. 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 consent. 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 in person 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.

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

This form is only valid for one Academic year unless consent is withdrawn before the end of the Academic year.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

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):

Student Signature: _____ Date: _____