

# FERPA Record Release Form



Newburgh Campus 1 Washington Center, Newburgh, NY 12550  
Middletown Campus 115 South Street, Middletown, NY 10940  
(845) 341-4140 • registrar@sunyorange.edu

Name of Student (Last, First, Middle Initial)	Student ID#: A	Date:
Student SUNY Orange email address		
Address: City: State: Zip:		

Semester/Year: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

## 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 submit through your SUNY Orange email to the Registration Office at [registrar@sunyorange.edu](mailto:registrar@sunyorange.edu) You will be required to show picture ID in order for the form to be officially accepted.

This form is valid for one Academic year unless permission is withdrawn before the end of the Academic year. A new form must be submitted every year. Please visit our website at <https://sunyorange.edu/registrar/ferpa.html> for detailed information about FERPA

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's Signature

\_\_\_\_\_  
Date

**\*\*For Student Services Central  
Use Only\*\***

\_\_\_\_\_  
Process Date

\_\_\_\_\_  
Initials