ONE TIME FERPA RELEASE OF INFORMATION AUTHORIZATION FORM

Registrar's Office
SUNY Canton
34 Cornell Dr
Canton, NY 13617
Fax: 315-379-3819
registrar@canton.edu
www.canton.edu/registrar

This form is for one-time release of records to a third party. This form may be submitted via mail, fax, or scanned document. Secure File upload is available at www.canton.edu/registrar. Students presenting this form in person can show ID and sign the form in the presence of a staff member in lieu of needing signature notarized.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, SUNY Canton must obtain written consent from a student before releasing the non-directory educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to whom the release may be made.

_____ _____

Student's name — Print | Student ID# or SSN (all or part)

_____ _____

Terms or dates of attendance | Student Date of Birth

_____

Student email address

I hereby give my written consent to SUNY Canton to disclose, make accessible, and furnish the following information upon request.

- ☐ Billing statements
- ☐ Disciplinary record
- ☐ Academic standing
- ☐ Student holds
- ☐ Residential Life File
- ☐ Other (description) _____
- ☐ Transcript (includes courses, grades and GPA)
- ☐ Program completion status
- ☐ Degree audit
- ☐ Violations of academic integrity file
- ☐ Class enrollment (no professor(s) or classroom(s) provided)

For the purpose of _____ (specify purpose of the release).

Specific Person or Agency to release documents to:

_____

Contact information to release documents to(address, email address, fax number):

_____

_____

I understand that the specified information referenced in this form is being released to a third party at my request with the understanding that they will not release it to any other parties. SUNY Canton is hereby released from all legal responsibility or liability pertaining to the release of the above-mentioned information.

_____ _____

Student signature **Date**

STATE OF NEW YORK , COUNTY OF_____

On the _____ day of _____, 20___, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same. _____ **Notary Public**