



Registrar

AUTHORIZATION TO DISCLOSE ACADEMIC AND FINANCIAL INFORMATION TO A THIRD PARTY

This completed application must be submitted in-person by the student with a photo ID.

The *Family Educational Rights and Privacy Act* of 1974 (FERPA) is a federal law designed to protect the privacy of education records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The Act applies to all institutions that are recipients of federal aid administered by the Secretary of Education. Students who are currently enrolled or formerly enrolled regardless of their age or financial dependency status are protected under FERPA. Deceased students and students who have applied but did not attend an institution do not come under FERPA guidelines.

Disclosure of student information is also permissible to College and CUNY officials who have a legitimate educational interest; to federal, state, and local authorities involving an audit of evaluation of compliance with educational programs; to parents of a dependent student; to organizations conducting institutional educational studies; in connection with financial aid; to accrediting organizations; to comply with a judicial order or subpoena; in a health or safety emergency; releasing directory information; releasing the results of a disciplinary hearing to an alleged victim of a crime of violence.

In accordance with FERPA, the College will disclose the information on the student record to a third party provided the College has on file written consent from the authorized student. If you have granted authorization before, you can revoke the authorization by completing this form.

Student Record information includes but not limited to the following:

Financial aid awards and amount student receive, federal and state taxes, steps student needed to complete in order to receive financial aid, course grades, transcript requests, course schedule, etc.

I am **granting authorization** to the name(s) below to receive my student record information (in-person only; authorization not applicable via telephone or email).

I am **revoking authorization** to the name(s) below to receive my student record information.

Third Party Name: _____ Relationship: _____

Third Party Name: _____ Relationship: _____

Print Student Name: _____ **EMPLID #:** _____

Student Signature: _____ **Date:** _____

Note: If this is not completed prior to the first day of classes (as indicated in the Academic Calendar), it will be assumed that all of the above information may **NOT** be disclosed. The indication in this section will not expire or change until a new Authorization to Disclose Academic and Financial Information to a Third Party is submitted.

For Office Use Only

Fall _____ Winter _____ Spring _____ Summer _____

Rec'd By: _____ CUNYFirst Input Date: _____