

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) Information Disclosure Consent**

Student's Legal Name (print): \_\_\_\_\_ FID: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. If students do not wish for directory information to be released, Fredonia's [request for non-release of directory information](http://students.fredonia.edu/ess) is available at: <http://students.fredonia.edu/ess>

Schools must have written permission from the student in order to release non-directory information (such as academic or financial information) from a student's record. However, FERPA allows schools to disclose records without consent to certain parties under certain conditions. More information about FERPA and Fredonia is available at: <http://students.fredonia.edu/ess>

**By signing this document, I am giving or revoking consent that Fredonia officials may discuss the contents of my academic record (including courses, grades, and degree progress) and/or financial record (including student account information and financial aid) with the following parties. I understand that I may revoke consent at any time by submitting a revised form.** Additional individuals can be identified by submitting additional forms.

|                         | Individual to whom I am granting or revoking access to my records:             | Additional individual (if applicable) to whom I am granting or revoking access to my records: |
|-------------------------|--|---|
| Name                    |  |   |
| Relationship to Student |  |   |
| Phone                   |  |   |
| Email                   |  |   |
| Academic Records        | <input type="checkbox"/> Grant Consent <input type="checkbox"/> Revoke Consent | <input type="checkbox"/> Grant Consent <input type="checkbox"/> Revoke Consent                |
| Financial Records       | <input type="checkbox"/> Grant Consent <input type="checkbox"/> Revoke Consent | <input type="checkbox"/> Grant Consent <input type="checkbox"/> Revoke Consent                |

This form must be completed by the student in person with photo identification at Fredonia in the presence of an appropriate staff member. If the student is unable to do so, the form may be notarized by a Notary Public and submitted by fax, email or mail to Enrollment and Student Services, 2121 Fenton Hall, SUNY Fredonia, Fredonia, NY 14063, [ess@fredonia.edu](mailto:ess@fredonia.edu) or fax 716-673-3583.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

For use by Notary Public if returned by fax or mail: State of \_\_\_\_\_ County of \_\_\_\_\_  
 Before me, the undersigned notary public, this day, personally, appeared \_\_\_\_\_ to be known, who being duly sworn according to law, deposes the following:

\_\_\_\_\_  
 (Signature of Affiant)  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 Notary Public \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**FOR STAFF USE ONLY**

Verified by: STAFF NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

*Signature indicates that you have validated the student's identify via their FRED Card or government issued ID.*

Form scanned into OnBase:  YES     No