

DUTCHESS COMMUNITY COLLEGE

FERPA Consent to Release Form

I understand that, in order for Dutchess Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent (consent to release educationally related information to other colleges, legitimate government and educational authorities, and the media for educational accomplishments is assumed unless otherwise indicated). A FERPA release can be retracted at any time with written permission from the student.

PLEASE CHECK ONE:

- I give permission to disclose any and all of my education records (Full Waiver) OR
- ONLY release the following education records
 - Accommodative Services (Disability)
 - Attendance
 - Billing/Student Accounts
 - Financial Aid
 - Grades
 - Graduation Information
 - Schedule
 - Transcripts
 - Other (must specify) _____

The person(s) to whom a disclosure may be made is (please print CLEARLY):

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

When the person(s) named above request information about you, they must have the following:

- Valid government issued photo identification for in-person requests
- Telephone requests (for Billing/Student Accounts and Financial Aid only) must provide student specific identifiers: Student name, last 4 digits of SSN, date of birth, current address and phone number - PLEASE NOTE - Academic records are never released over the phone

Student Name

Student Signature

Student ID Number (A number)

Date



IF YOU ARE SUBMITTING THIS FORM
IN PERSON WITH GOVERNMENT ISSUED PHOTO ID, PLEASE STOP HERE

FOR OFFICE USE ONLY

ID Verified By

If you are submitting this form electronically or by mail, the following must be completed by a Notary Public:

STATE OF NEW YORK:

COUNTY OF:

On the ____ day of ____ in the year ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature

Please return completed form to:
Dutchess Community College
ATTN: Office of the Registrar
53 Pendell Rd.,
Poughkeepsie, NY 12601

or by email to: registrar@sunydutchess.edu
or fax to: (845) 431-8983

BANNER ENTERED BY _____ DATE _____