



Name of Student (Last, First, Middle Initial): _____

Student ID: _____

Date: _____

The Family Educational Rights and Privacy Act ("FERPA") affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties ("Consent"). Please note that while a completed consent form authorizes Clarkson University to release education records to third parties, it does not obligate Clarkson to do so. Clarkson reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit Clarkson's FERPA Information page at: <https://www.clarkson.edu/admissions-financial-aid/sas/ferpa>

Instructions for completing this form:

1. This form must be fully completed and signed by the student.
2. Education Records cannot be released if any section of this form is not filled out entirely.
3. **If you do NOT wish to release your education records, please answer no to Section 1 then sign & date Section 6 only.**
4. Questions may be directed to the Office of the Registrar at: (315) 268-6451.

Section 1: Would you like Clarkson University to release your education records? ____ Yes ____ No

Section 2: To whom would you like us to release your education records to?

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Name of Person: _____ Relationship to Student: _____

Section 3: Which education records would you like to release? (check all that apply)

- ____ Academic Information (such as grades, enrollment, academic progress, or other related information)
- ____ Billing and Payment Information (i.e. invoices, payments, collection activity, or other related info)
- ____ Financial Aid Information (i.e. awards, eligibility, loan history, or other related information)
- ____ Accessibility Services Information (i.e. academic/housing accommodations, eligibility for services)
- ____ **Any Information requested**

Section 4: What is the purpose of this disclosure? (check one)

- ____ Family communication with University
- ____ Provide information to an employer
- ____ Provide information to another institution for admission purposes
- ____ Other (please specify) _____

Section 5: Is this authorization a one-time authorization or is this authorization until further notice? (check one)

- ____ ONE-TIME ONLY Authorization to release educational information
- ____ Authorization to release educational information until further notice

Note: This authorization may be modified at any time by submitting a new written request to the Office of the Registrar.

Section 6: I understand that education records may be released and that I have the right to inspect any education records released pursuant to this Consent and revoke this consent at any time by delivering a written revocation to the Registrar. I further understand that until a revocation is made, this Consent shall remain in effect and my education records will continue to be provided to the person(s) identified in Section 2 for the specific purpose described above.

Student's Signature (Do not type. **MUST SIGN**)

(Date)