



FERPA RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) restricts the personal information that can be released by the College without the written consent of the student.

Please complete this release of information form and submit it to the Registrar's Office, Elston 212, 78 Washington Avenue, Schenectady, NY 12305. Consent will remain in effect for as long as you are a student at SCCC and can be withdrawn at any time.

Student Name (print clearly) **Date of Birth** **Student ID**

Student Signature for Release of Information **Date of Signature**

I give permission to Schenectady County Community College to release the following information to the identified individual stated below:

- Academic Records (Grades/Transcripts/Schedule)
- Billing statements
- Financial Aid information

Release the above information to:

Name: _____

Address: _____

Phone: _____ **Relationship to Student:** _____

If the above person requests information concerning your records, that person will need to mention that you have a signed release form on file in the Registrar's Office and show appropriate identification. If making a telephone inquiry, he/she must provide your student ID number and FERPA password.

For this purpose, my FERPA password is _____

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c: Admissions
Financial Aid
Student Business Office
_____ Scanned