

This form is valid for one year and must be submitted to the Registrar's Office annually. This form may be submitted to the Registrar's Office in-person with photo ID. If you wish to submit this form by mail, it must be notarized at the bottom prior to being returned to the Registrar's Office

I understand that, in order for Schenectady County Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent. I further understand that, for any such disclosure over the phone, even to myself, the college must authenticate the caller.

I understand that I am not require to sign and return this form if I do not wish consent to be given or if I do not wish to receive information over the phone.

Last Name	First Name	Middle
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Student ID Number	Date of Birth
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The following FERPA password must be provided, either by myself or by any named individual below, when making a telephone inquiry:

FERPA PASSWORD _____

I am giving consent to either:

- | | | |
|--------------------------|--------------------------|--|
| Disclose | Do Not Disclose | |
| <input type="checkbox"/> | <input type="checkbox"/> | Academic Records (Grades/Transcripts/Schedule) |
| <input type="checkbox"/> | <input type="checkbox"/> | Billing Statements |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Aid Information |

Name(s) _____

Relationship: Parent Guardian Spouse Sibling Other _____

The person to whom disclosure is made must also provide my Student ID Number if he/she makes a telephone inquiry.

 Student Signature

 Date

FORM VALID UNTIL: _____

ID VERIFIED: _____/Date_____

If this form is not completed in the presence of an Admissions Office or Registrar's Office representative, the document must be notarized.

STATE OF NEW YORK :
 COUNTY OF :ss:
 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 they 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 same.

 Notary Public