FERPA

Student Records Access Authorization



Student Information			
Student Name (Must use legal name)		·	
Student ID <i>OR</i> Social Security Number	Phone Number		
What is Directory Information?			
Under the provisions of the federal Family Education Righ designated as "directory information." This information ca Cobleskill has designated the following as directory informa-	an, by law, be released to the general public and m		
Student Name	• Department	• Awards	
 Campus, local and home addresses 	Dates of Attendance	• Full-time/Part-time Status	
• Phone Number	 Dates of Graduation 	Email Address	
• Major	• Degrees Awarded	• Photo ID	
No other student information is released to non-university	personnel without written permission.		
In compliance with the federal Family Education Rights an information to a third party (including parents, legal guardinot to release certain information regarding student records	ians, spouses, or corporate sponsors) without writi		
Mid-term and final grades are only available via Banna	er Web. An academic transcript may only be i	released by request of the student.	
Access Granted To:			
Name		Relationship	
*11			
Address			
Email		Phone Number	
This individual may request and he provided the follo	owing information regarding my educational pursuit a	ıt SUNY Cahleskill:	
□ Attendance	□ Class Work (tests,	□ Class Participation	
1 Attendance	quizzes, projects, etc.)	U Ciass I atucipation	
Access Granted To:			
Name	Relationship		
Address			
Email		Phone Number	
This individual may request and be provided the follo.	mina information recording my educational trurcuit	rt CHNIV Cablachille	
1 ms mawaaa may request ana ve providea the jouo. □ Attendance	uring information regarding my educational pursuit di □ Class Work (tests,	□ Class Participation	
ii Attendance	quizzes, projects, etc.)	□ Ciass I articipation	

(Continued on page 2)

FERPA

Notary Public's Signature

Student Housing & Disciplinary Records Access Authorization



Access Granted To:			
Name	Relationship	Email	Phone Number
This individual may request and be provided the	e following information regarding m	educational pursuit at SUI	NY Cobleskill:
☐ Disciplinary Record		☐ Housing Re	ecord
Name	Relationship	Email	Phone Number
This individual may request and be provided the	e following information regarding m	educational pursuit at SUI	NY Cobleskill:
□ Disciplinary Record		☐ Housing Re	
Student Financial Information Acce	and Another viscotion		
Privacy laws prohibit our office from discussing ar included on the FAFSA form. If you wish to allow Aid (FAFSA) you must complete and return this F This signed authorization permits the Student Final all matters pertaining to my bill with the specified	v someone other than the pare Permission to Share Financial I ancial Services Office at SUNY	nt(s) included on the Front nformation Form.	ee Application for Federal Studen
Access Granted To:			
Name:	Phone N	umber:	
Relationship:	Email A	ddress:	
Name:	Phone N	umber:	
Relationship:	Email A	ddress:	
I understand that I can revoke this cons	sent at any time by providing a writ	ten statement to the Student	Financial Services Office
Student Authorization: By signing below, I hereby authorize SUNY Cobl	leskill to disclose and discus	s my student record w	vith the individual(s) listed.
Student Signature		Date	
npleted forms must be presented in person, with approp NY Cobleskill, Office of the Registrar, Knapp Hall Roon		Y 12043.	
quests received by mail <i>must</i> be notarized or they			
			NOTARY SEAL

Date