

Request to Release Educational Record Information

**1. Enter your Alfred State ID Number or SS # and information in the spaces provided below.
Please print legibly.**

Student Last Name	Student First Name	Student ID/SS Number
_____	_____	_____

2. Read the following statements:

√ The Family Education Rights and Privacy Act (Buckley Amendment) is a Federal Law that prevents SUNY College of Technology at Alfred from releasing information regarding the student, other than what is provided in Directory Information, to anyone without written authorization from the student.

√ This form may not be used to prevent disclosure of Directory Information. A separate form is available in the Registrar's Office or at <https://my.alfredstate.edu/academic-affairs/registrars-office-forms> for suppression of Directory Information.

√ Directory information includes: Name, addresses and telephone numbers, dates of attendance, Alfred State College e-mail addresses, date and place of birth, college major, expected date of graduation, degrees and awards received, photographs, enrollment status, participation in officially recognized sports and activities, weights and heights or athletes, and most previous educational institution attended. The college can release this information without the student's written request.

√ I understand that this authorization must be submitted each time I wish to have information released. Complete information regarding FERPA can be found at <https://my.alfredstate.edu/academic-affairs/student-records>.

3. Complete the following information:

I, _____, hereby authorize the Registrar's Office at SUNY College of Technology at Alfred to RELEASE the following information regarding my educational record to the following individual:

Record to be released: _____

Person releasing to: _____

Name and Address: _____

Relationship: _____

4. Student Signature and Witness Signature:

My signature below indicates that I have read this form and understand that no information will be released by telephone or e-mail.

Student Signature: _____ Date: _____

College Witness or Notary Public: _____ Date: _____

Action Taken: _____

Signature of Official Approving Request _____ Date: _____