

FERPA Waiver

If you have submitted this form to the college previously, you only need to submit another copy if you wish to change the information previously submitted or to establish a new FERPA password. This form may be submitted to the Student Records and Financial Services 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 Student Records and Financial Services Office.

I understand that, in order for Alfred State 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 required 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.

RPA pass	swora	·	(the FE ur date of birth:	any password must be no n	for SSN, or your Banner password).
n giving co	nsent to either:	γo	ui date oi bii tii, i	any part or your student ib i	for 3314, or your barrier password).
□ Disclo	ose any and all educat	tion records, which includes a	all items in the	e box below, OR	
□ The f	following records/info	rmation may or may not be o	disclosed as in	dicated in the box belo	ow:
isclose	Do Not Disclose		Disclose	Do Not Disclose	
		Attendance Records			Permission to speak w/advise
		Billing/Student Account Information			Permission to speak w/instructor(s)
		Financial Aid Information			Schedule
		Grades			Other – Please specify
		Graduation Information			
ne(s): ationship:		•		infor	mation to be given to another college.
ne(s): ationship:	□ parent □ guardia	n □ spouse □ sibling □ c		infor	mation to be given to another college.
ne(s): ationship: person to	□ parent □ guardia	n □ spouse □ sibling □ conade must also provide my St		infor	mation to be given to another college.)
ne(s): ationship: person to	□ parent □ guardia	n □ spouse □ sibling □ conade must also provide my St	udent ID num	infor	mation to be given to another college. telephone inquiry.
ne(s): ationship: person to	parent guardia whom disclosure is m	n □ spouse □ sibling □ conade must also provide my St	udent ID num	infor	mation to be given to another college., telephone inquiry.
ne(s): ntionship: person to	parent guardia whom disclosure is me (please print)	n □ spouse □ sibling □ conade must also provide my St	udent ID num	infor	mation to be given to another college., telephone inquiry.
ne(s): ationship: person to Student Nam lent ID Numb TE OF NEV	parent guardia whom disclosure is me (please print) ber W YORK : : SS.: :	n □ spouse □ sibling □ conade must also provide my St	tudent ID num	infornber if he/she makes a	mation to be given to another college. telephone inquiry. Date

Mail completed forms to: Alfred State, Student Records and Financial Services, 10 Upper College Drive, Alfred, NY 14802

Alfred State