

## **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 or emailed to sfs@alfredstate.edu when using an Alfred State email address. 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 to anyone other than myself. The following FERPA password must be provided by any named individual below when making a telephone inquiry.

FERPA password \_\_\_\_\_\_ (the FERPA password must be no more than 10 characters and cannot be your date of birth, any part of your student ID# or SSN, or your Banner password).

I am giving consent to either:

- Disclose any and all education records, which includes all items in the box below, OR
- The following records/information may or may not be disclosed as indicated in the box below:

Disclose	Do Not Disclose		Disclose	Do Not Disclose	
		Attendance Records			Permission to speak w/ adviser
		Billing/Student Account Information			Permission to speak w/ instructor(s)
		Financial Aid Information			Schedule
		Grades			Other – Please specify
		Graduation Information			

The individual(s) to whom a disclosure may be made is:

Name(s):\_

Relationship:

□ spouse sibling

parent guardian other (This does not include consent for information to be given to another college.)

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

Student Name (please prin	t)	Student Signature	Date	
Student ID Number		Date of Birth		
STATE OF NEW YORK	:			
	: SS.:			
COUNTY OF	:			
On the day of	in the y	ear before me, the undersigned, personally	appeared, personally	
known to be or proved to	me on the basis of	satisfactory evidence to be the individual(s) whos	e name(s) is (are) subscribed to the within	
	•	/she/they executed the same in his/her/their capa I(s), or the person upon behalf of which the indivi		

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

Notary Public

## Hit the ground *r u n n i n g* <sup>®</sup>...

AlfredState.edu 1-800-4-ALFRED