

Binghamton University

RELEASE OF STUDENT INFORMATION

Under the provisions of the Family Education Rights and Privacy Act (FERPA), I authorize the party named below to ___ **release** and ___ **discuss** (check one or both) the following information:

(Name of person, department or office that may release information)

(Name of party to whom information may be released)

(Address and telephone number of party designated to receive information)

Purpose for releasing information _____

This release is valid from until *

*** I understand that I may only revoke this form by notifying, in writing, the person, department or office authorized by this form to release information. I further understand that, after this date, I will need to sign a new release form should I wish to continue to authorize the release of information.**

(Typed or Printed name of student)

(Signature of student)

(Student ID#)

(Date release signed)