

**BINGHAMTON UNIVERSITY**  
**RELEASE OF STUDENT INFORMATION**

Under the provisions of the Family Education Rights and Privacy Act, I authorize the administrator named below to release and/or discuss the following records and information from (**check only one**):

\_\_\_\_\_ file in the \_\_\_\_\_ office

\_\_\_\_\_ All information in my file in the \_\_\_\_\_ department/office

\_\_\_\_\_ All information related to \_\_\_\_\_

I am authorizing the administrator to release and/or discuss the above information with the person named person below for the purpose of:

\_\_\_\_\_

\_\_\_\_\_ (Purpose for releasing the student information)

\_\_\_\_\_ (Name and Title of Administrator who has permission to discuss the information)

\_\_\_\_\_ (Name, Address and Telephone of person who has permission to receive the information)

\_\_\_\_\_ (Date release expires)

\_\_\_\_\_ (Printed name of student)

\_\_\_\_\_ (Signature of student)

\_\_\_\_\_ (Student ID#)

\_\_\_\_\_ (Date release signed)

Please return to:  
Watson School Advising Office  
LSG-552

cc: Registrar's Office  
Department (for student file)

7/21/08