

Westchester Community College

State University of New York

Family Educational Rights and Privacy Act Release of Information Form

I, _____, (SID) _____, hereby authorize the below named person(s) to have access to my records or information about me from the following offices or college personnel (please put a check next to those that you want to apply to you):

- | | |
|---|----------------------------------|
| _____ 1. Financial Assistance | _____ 6. Academic Counseling |
| _____ 2. Bursar | _____ 7. Academic Support Center |
| _____ 3. Admissions | _____ 8. Testing Center |
| _____ 4. Registrar | _____ 9. Instructors |
| _____ 5. Student Life including Conduct Records | |

Full Name of person(s) to have access	Relationship to Student
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1. _____
2. _____
3. _____

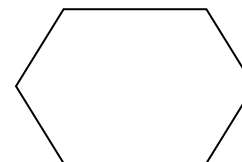
Request for information by the above named individuals must be made in writing along with a picture ID. This authorization waives any privacy protections under FERPA and is effective for one year from the date this form is received. You must submit a new one every year.

Please specify reason for release of records in space provided below.

Print Student Name

Student Signature

Date



Notarize