FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACTS (FERPA) AUTHORIZATION FORM

This completed form **MUST be uploaded** along with a **valid PHOTO ID** to the **Registrar's secure portal**. Printed out forms **WILL NOT** be accepted in person or through email.

This form allows students to grant third parties access to their educational records maintained by York College. The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to or release of educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student.

CUNYfirst ID: _____

Student Name: _____
Last First

Email: _____

I, the above name student, understand the contents of this form pertaining to the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize **YORK COLLEGE-CUNY,** to release the identified records to the person/agency below. The named individual(s) listed below must provide government issued identification.

Full name: _____ **Relationship:** _____

Person/Agency Name and Address:

_____

_____

I, the above name student, hereby authorize York College of the City University of New York to release the following:

- ☐ Complete Access to entire records with no exceptions
- ☐ Academic Records (attendance, class schedule, GPA, grades, graduation status, etc.)
- ☐ Financial Aid (FAFSA information, financial aid award, holds disbursements, etc.)
- ☐ Student Financial Account (bills, payments and refunds, etc.)
- ☐ Other (specify): _____

These records are being released for the purpose of:

_____

_____

_____
Student Signature **Date**

To terminate the consent of this application the student MUST sign below and provide photo identification.

Termination of Consent:

_____
Student Signature **Date**

OFFICE ONLY:

Staff Initial: _____ Date: _____ Staff Initial:_____ Processed Date: _____

☐ Photo ID Checked