

**AUTHORIZATION OF THE RELEASE
OF EDUCATIONAL INFORMATION**

I, _____, authorize Syracuse University to make the following disclosure:
[Student Name]

Records to be Disclosed: Personally Identifiable Information from Education Records currently maintained by Syracuse University, including the following:

[Records to be disclosed]

Person/Entity to whom Records are to be Disclosed:

[Name and Address of person(s) or entity to whom this information will be sent]

Purpose of Disclosure: The disclosure authorized herein is based on
_____ request to release Personally Identifiable Information in
[Student Name]
connection with _____.
[Purpose for disclosure]

Family Educational Rights and Privacy Act: I understand that under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, ("FERPA") I have certain rights with respect to my Education Records. Further, I understand that among those rights, I have the right to provide written consent before Syracuse University discloses Personally Identifiable Information from my education records. I also understand I have the right to revoke this authorization before the date of expiration specified below by notifying Syracuse University in writing. This consent form serves as written consent in compliance with FERPA.

This authorization will remain in effect until _____.
[date of expiration]

Signature of Person Authorized to Consent to Disclosure:

[Student Name]

Permanent Street Address City State Zip Code

Dated: _____