



STUDENT CONSENT FORM TO RELEASE INFORMATION
Family Educational Rights and Privacy Act of 1974
20 U.S.C. § 1232g and 34 C.F.R. Part 99

Instruction to Student: Carefully read the information below. After completing the form, submit it to the College office, which you have authorized to release your information.

In accordance with the Family Educational Rights and Privacy Act of 1974 (“FERPA”), Siena College must obtain a student’s written consent before releasing his/her educational records to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to whom release may be made.

I, _____,
Student’s Name – Please Print Student ID#

hereby give my written consent to _____ to
(Siena College Office)

release my _____
(Specify the education record(s) to be released; i.e., transcript, etc.)

to _____, located at
(Identify the person(s) or entity to whom release may be made)

(Address of the third party)

for the following purpose(s):

(State the purposes for which the education record(s) may be disclosed; i.e., admission, employment, pending litigation matter – include case caption, tuition payment or reimbursement, etc.):

I understand that the specific information referenced on this form is being released only to the third party identified above, at my request, and that such third party will not release this information to any other parties. Siena College is hereby released from all legal responsibility or liability for the release of the above-referenced information.

I understand that my written consent will remain in effect until I notify the Siena College’s office named in this form, in writing, to cancel it. I understand that I am entitled to a copy of the records so disclosed upon request.

Student Signature

Date

Siena College is required to keep the original signed consent form. Students are advised to keep a copy of this consent form with their records.