



FERPA RELEASE FORM

Maria College, 700 New Scotland Avenue, Albany, NY 12208, Fax (518) 453-1366

STUDENT INFORMATION			
Last name:		First:	Middle:
Birth date: / /	Social Security Number:	Home Phone Number: ()	Cell Phone Number: ()
Street address:			
City:		State:	ZIP Code:
E-Mail Address:			

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Maria College, but that any such revocation shall not affect disclosures previously made by Maria College prior the receipt of any such written revocation.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHTS PRIVACY ACT (FERPA) AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT DISCLOSURE OF EDUCATIONAL INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED.

I, THE UNDERSIGNED, AUTHORIZE MARIA COLLEGE TO RELEASE EDUCATIONAL AND FINANCIAL RECORDS TO:		
Name		
Address		
City	State:	ZIP Code:

REQUIRED SIGNATURES	
_____ <i>Student Signature</i>	_____ <i>Date</i>