



NEW YORK INSTITUTE OF TECHNOLOGY

## Family Educational Rights and Privacy Act

### Student Release Form

■ **Must be Completed by Student** *Please print*

Name of Student \_\_\_\_\_

Street Address \_\_\_\_\_

#### Student's Authorization for Disclosure

**I, the undersigned, hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize New York Institute of Technology to discuss and/or disclose the following education records to the person listed below:**

1.  Financial Records \_\_\_\_\_  
*Please specify particular records or indicate "All"*

2.  Academic Records \_\_\_\_\_  
*Please specify particular records or indicate "All"*

3.  All information regarding my enrollment at New York Institute of Technology without limitation

Name of Authorized Person \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address of Authorized Person: Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

The purpose of releasing this information is \_\_\_\_\_

**I understand that this authorization will be in effect as long as I am a student at New York Institute of Technology or until I revoke this authorization in writing.**

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

■ **Date of Request** \_\_\_\_\_ **Student's Signature** \_\_\_\_\_

■ **This request must be notarized before you submit it to New York institute of Technology**

■ **If you checked box 1, return this request to the Office of Financial Aid**  
**If you checked boxes 2 or 3, return this request to the Office of the Registrar**