



**Family Educational Rights and Privacy Act
Student Release Form**

Student Name _____ Student ID# _____

Student's Authorization for Disclosure

I 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:

- Financial records
_____ (specify particular records or indicate "All")
- Other
_____ (please specify)
- All information regarding my enrollment at New York Institute of Technology without limitation.

Name of authorized person: _____

Relationship to student: _____

Address of authorized person: _____

_____ (city, state, zip code)

_____ (telephone number, including area code)

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.

Student Signature _____ Date _____

Please have this document notarized before you submit it to N.Y.I.T.