

FERPA RELEASE FORM

Student Name (Please print): _____

Date of Birth: _____

I, the undersigned, hereby authorize Skidmore College to release the following educational records and information:

- _____ academic records/transcript
- _____ disciplinary records
- _____ financial records
- _____ all records
- _____ other (specify) _____

(Note: This Consent does not cover medical records held solely by Student Health Services or the Counseling Center. Contact those offices for consent forms.)

These records should be released to the following person/agency (identify name and address of person/agency to receive information and if appropriate, the relationship to the student such as "parent", "prospective employer", or "attorney"):

These records are being released for the purpose stated below:

I understand further that (1) I have the right not to consent to the release of my educational 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 Skidmore College Office of the Registrar, but that any such revocation shall not affect disclosures previously made by Skidmore College prior to the receipt of any such written revocation.

Student Signature: _____ Date: _____