CUNY SCHOOL OF PUBLIC HEALTH
A Graduate School of Public Health & Health Policy

Request to Release Educational Records

Pursuant to the Family Educational Rights and Privacy Act (FERPA), CUNY SPH does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize CUNY SPH to release my personal student information to the below-named third party. For additional information, visit the FERPA Information page at the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

On a very limited basis, CUNY SPH will grant approval of submitted requests for release of educational records to an individual other than the student on record. This form is simply a request and is subject to approval.

I, *[Student Name]*_____ *EMPL ID #*_____,

SPH Email_____; residing at *[Address or Residence Hall] at*_____; a

currently **enrolled / former** student *[Circle one]* at SPH, The City University of New York, consent to the release of my educational records

protected under the Family Educational Rights and Privacy Act (FERPA), as follows:

1. Reason/s for release:_____

_____

_____ **2. Release through the following date:**_____/_____/_____.

3. Records specified below may be released to/discussed with the following authorized individual:
Note: Valid photo identification (i.e. state ID, license, and passport) for *both the student* and *individual* listed below **must** be presented prior to release/discussion of record. Copies of identification (IDs) will be retained.

Authorized individual information and Preferred Methods of Release:

Authorized Individual Full Name: _____. Relationship to Student: _____
The records listed below may be released/discussed by the following method/s *[Check all that apply and enter information]***:**

☐ In Person   ☐ Email: _____

☐ Phone: _____   ☐ Fax: _____

☐ Postal Service *[Address]:* _____

4. This release is limited to the records indicated below: *[Check all that apply]:*

☐ Academic Advising Records   ☐ Course Records (CUNY*first*)   ☐ Financial Records (CUNY*first*)

☐ Conduct Records   ☐ Service Indicators/Stops (CUNY*first*) ☐ Other: _____

Student Signature: _____ Date: _____/_____/_____

Authorized Individual's Signature: _____ Date: _____/_____/_____

For Administrative Use Only:

Administrator Name: _____Title: _____

Department/Office: _____

Decision (Circle one):   **APPROVED / DENIED**   Release period of time (Circle one):   **APPROVED / DENIED**

If request is DENIED, provide reason for decision: _____

If release period of time is DENIED, provide revised time: _____

Administrator Signature: _____ Date: _____/_____/_____