

# ACE Student FERPA Form

## Authorization-Release of Information

(2023-2024)



I (print name) \_\_\_\_\_ voluntarily authorize officials in the SUNY Corning Community College department(s) identified below to disclose personally identifiable information from my educational SUNY Corning records. I understand that providing authorization to release information does not apply to every/all record(s) and/or situation(s) at SUNY Corning. It also does not obligate SUNY Corning to release information to anyone. ***Upon completion, this form it MUST be submitted to the ACE Office via email at ACE@corning-cc.edu.***

### Check One:

☐ Consent for FULL ACCESS to SUNY Corning Community College records (Full access does not give authority to make changes to the student's record.)

☐ Consent for LIMITED ACCESS to SUNY Corning Community College records (Limited access does not give authority to make changes to the student's record). **Check all that apply:**

☐ Transcript ☐ Disciplinary Records ☐ Financial Aid/Financial

☐ Academic Records/Achievement ☐ Residence Life

☐ Recommendations for employment or admission to other institution

Other (Please Specify): \_\_\_\_\_

This information may be released to the following (**Check all that apply**):

☐ Family (List name and phone number): \_\_\_\_\_

☐ Educational Institution (List name): \_\_\_\_\_

☐ Employer/Prospective Employer (List name): \_\_\_\_\_

☐ Other (Please Specify): \_\_\_\_\_

This information is being released for the following purpose: \_\_\_\_\_

***This is to attest that I am the student signing this form. I understand the information may be released orally, in the form of copies of written records, or electronically, as preferred by the requester. This authorization will remain in effect from the date it is executed until my graduation from high school.***

Student CID#: \_\_\_\_\_ Date of Birth (\*MM/DD/YYYY): \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone#: \_\_\_\_\_ Expected High School Graduation Date (\*MM/YYYY): \_\_\_\_\_

High School or (Home School): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_