



Office of Judicial Affairs
 Loew Hall [LO], Room 418
 T: 718-289-5100, Ext. 3146
 F: 718-289-6347

Bronx Community College
 of the City University of New York
 2155 University Avenue
 Bronx, New York, 10453

FERPA Consent to Release Student Information

This form allows students to grant third parties, including parents, access to their educational records maintained by Bronx Community College.

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student. A copy of the Family Educational Rights and Privacy Act of 1974 is available online at <http://www.bcc.cuny.edu/services/registrar/family-educational-rights-privacy-act-ferpa/>. You can also obtain more information through the U.S. Department of Education’s website: www.ed.gov/policy/gen/guid/fpco/ferpa/.

SECTION A. STUDENT INFORMATION

STUDENT NAME (Print) _____ EMPLID # _____

SECTION B. THIRD PARTY DESIGNEE: RELEASE OF RECORDS (Optional)

I, the undersigned, hereby authorize **The Office of Judicial Affairs** at **Bronx Community College** of The City University of New York, to release the following educational records and *information (identify records or types of records below):

- _____ Student Conduct & Behavioral Records
- _____ All records
- _____ Other (specify) _____

These records should be released to the following person/agency (identify name and address of person/agency to receive information):

- _____ The Office of Personal Counseling at BCC
- _____ The Office of Disability Services at BCC
- _____ Parent(s)/Relative(s) Name _____
- _____ Other (specify) _____

The information is to be released for the following purpose:

- _____ To provide necessary support & services
- _____ Family communications about college experience
- _____ Other (specify) _____

SECTION C. CERTIFICATION

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the College Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Student Signature

Date

* Please note that "directory information" can be given out without the student's written consent. The City University of New York defines directory information to include such information as a student's name, attendance dates, home and e-mail address, telephone number, date and place of birth, photograph, status (e.g., full/part-time, undergraduate/graduate), degree program, credits completed, major, student activities and sports, previous school attended, and degrees, honors and awards received. This information may be released to anyone, unless restricted by written authorization of the student. Contact the Registrar's Office at your campus if you wish to restrict this information.