CONSENT TO RELEASE STUDENT INFORMATION Authorization Form

Complete and Return to:

Morrisville State College Admissions Office P.O. Box 901 Morrisville, NY 13408 Fax: (315) 684-6427

Student Name (print):_____

Social Security Number:_____

In compliance with the Federal Family Education Rights and Privacy Act of 1974 (FERPA), Morrisville State College, is prohibited from providing certain information from your student records to a third party. This restriction applies to information pertaining to your application, grades, billing, and payment, tuition and fee assessment, financial aid (including scholarships, grants, or loan amounts). This regulation applies, but is not limited to, your parent(s), step-parent(s), your spouse, or a sponsor.

Students may grant Morrisville State College permission to release information concerning their student records to a third party by submitting this completed Consent to Release Student Information Authorization Form. You must identify each individual person to whom you wish to grant access/information regarding your student records.

• The specified information will be made available only if requested by the authorized third party; that person must be able to provide Morrisville State College with the appropriate identifying information when requested.

Pursuant to the Family Educational Rights and Privacy Act of 1974, I give my consent for Morrisville State College to release information to the individuals listed below. In addition, I authorize these individuals to speak on my behalf regarding my account.

Name (please print)	Relationship	Last four digits of SS#

My signature below verifies that I understand the FERPA regulations stated above. I agree to the information release terms stated above and I understand that this authorization will be effective until such time that I revoke it in writing.