

Consent Form for Disclosure of Non Directory Information (FERPA Release)

Please review Buffalo State’s FERPA [policy](#) and Directory Information [policy](#) prior to filling out this form.

Under the Family Education Rights and Privacy Act (FERPA), there are certain parts of your academic record that cannot be released to others. There are instances when you may choose to allow individuals access to those records. The college must have a form on file that identifies the specific people that can see your educational and financial records.

Student Information

Name _____ Banner ID _____
 Last Name Middle First Name

Email _____

	Individual #1	Individual #2
Name		
Relationship		
Phone		
Address		
Email		
Education Records	Yes No	Yes No
Bursar Records	Yes No	Yes No

**Please Note: Financial Aid Requires a Separate Form*

I consent to the disclosure of any personally identifiable information from my education records to the individuals named above, for reasons determined by Buffalo State College as appropriate. This authorization will remain in effect for the effective school year.

Signature _____ Date: _____

Please return to the Office of the Registrar:

In Person: Moot Hall 210, Buffalo State, 1300 Elmwood Ave., Buffalo, NY, 14222 and you will need to show your Student ID.

Email: A scanned copy of this signed form must be sent from your Buffalo State email account to regofc@buffalostate.edu . Forms from any other email address will not be accepted.