

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

Student Services Support Center
Mercy College
555 Broadway Dobbs Ferry, NY 10522
Phone: 888-464-6737

Under the Family Educational Rights and Privacy Act ("FERPA"), most student information maintained in a Mercy College record, including grades received, is considered confidential and, with certain exceptions, may not be released to third parties without a student's written consent. (Refer to the Student Handbook for more information about FERPA.)

Students may authorize Mercy College to release information from their student record to third parties (e.g., parent, grandparent, guardian or caseworker) by completing the information requested below and returning this form to the Registrar, a student services advisor or PACT mentor. Submit a separate form for each third party to whom such authorization is granted. Please note that without this authorization, Mercy College's ability to disclose information from or speak with third parties about information from a student's records will be significantly restricted.

I, (First and Last Name) _____, acknowledge and understand that by checking the box marked "Release information to the third party named below", I am indicating that I authorize Mercy College to disclose any and all information from my records to the third party named below, except as otherwise indicated. I acknowledge and understand that this consent will remain in effect until I revoke it in writing by completing a new version of this form and checking the box marked "Revoke permission to release information to the third party named below." This authorization does not permit the designated third party to make any changes to my education records.

Release information to the third party named below

Please indicate whether there is any information in your education record you would not like the third party to have access to: _____

Revoke permission to release information to the third party named below

Third party designee:

Name: _____
(Last, First, Middle Initial or Agency/Organization Name)

Relationship: _____

Address: _____

Phone: _____

Student CWID: _____ Date: _____

Student Signature: _____