

# DUTCHESS COMMUNITY COLLEGE

## FERPA WAIVER

I understand that, in order for Dutchess Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent. (Consent to release educationally related information to other colleges, legitimate government and educational authorities, and the media for educational accomplishments is assumed unless otherwise indicated) A FERPA release can be retracted at any time with written permission from the student.

I am giving consent to either (check one):

- Disclose any and all education records OR
- Do not disclose the following (select all that apply):

Do not disclose	Do not disclose
Accommodative Services (Disability) <input type="checkbox"/>	Graduation information <input type="checkbox"/>
Billing/Student Accounts <input type="checkbox"/>	Schedule <input type="checkbox"/>
Financial Aid <input type="checkbox"/>	Transcripts <input type="checkbox"/>
Grades <input type="checkbox"/>	Other (must specify) _____ <input type="checkbox"/>

The person to whom a disclosure may be made is:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

When the person(s) named above request information about you, they must have the following:

- In person request--must provide government issued photo identification.
- Telephone request--must provide student specific identifiers: Student name, last 4 digits of SSN, date of birth current address and phone number. (Only permitted for Billing/Student Accounts & Financial Aid)

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID (A) Number

\_\_\_\_\_  
Date



If you are submitting this form in person with government issued I.D., please stop here.

**FOR OFFICE USE ONLY**

ID Verified By \_\_\_\_\_

If you are submitting this form electronically or by mail, the following must be completed by a Notary Public:

STATE OF NEW YORK:  
 COUNTY OF: \_\_\_\_\_  
 On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Please complete this form and return to the Registrar's Office:

**Dutchess Community College**  
 53 Pendell Road – SSC 201  
 Poughkeepsie, NY 12601  
 Attn: Registrar's Office

**registrar@sunydutchess.edu**

Fax: 845-431-8983

\_\_\_\_\_  
Notary Signature

11/2016

BANNER ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_