

BINGHAMTON UNIVERSITY
RELEASE OF STUDENT INFORMATION

Under the provisions of the Family Education Rights and Privacy Act, I authorize the administrator named below to release and/or discuss the following records and information from (**check only one**):

_____ file in the _____ office

_____ All information in my file in the _____ department/office

_____ All information related to _____

I am authorizing the administrator to release and/or discuss the above information with the person named person below for the purpose of:

_____ (Purpose for releasing the student information)

_____ (Name and Title of Administrator who has permission to discuss the information)

_____ (Name, Address and Telephone of person who has permission to receive the information)

_____ (Date release expires)

_____ (Printed name of student)

_____ (Signature of student)

_____ (Student ID#)

_____ (Date release signed)

Please return to:
Watson School Advising Office
LSG-552

cc: Registrar's Office
Department (for student file)

7/21/08