

## FERPA

### Consent for Records Release (Former Students)

#### Alumni/Former Student Information

\_\_\_\_\_  
Student Name (Must use legal name)

\_\_\_\_\_  
Student ID **OR** Social Security #

\_\_\_\_\_  
Phone Number

#### Authorization:

I, Alumni/Former Student identified above, authorize the Registrar's Office at SUNY Cobleskill Ag & Tech to release my full academic record to the individuals listed below. This record does not include Financial Aid or Billing, only Academic Records including Medical. The record will be provided in the form of an official transcript and, if retained, documents contained in the student file.

\_\_\_\_\_  
Alumni/Former Student Signature

\_\_\_\_\_  
Date

#### Authorization Granted To:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

#### Authorization Granted To:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

SUNY Cobleskill Ag & Tech, Office of the Registrar, Knapp Hall Room 100, Cobleskill, NY 12043.

Requests received by mail **must** be notarized or they **will not** be processed.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

NOTARY SEAL