



Student Information Release Authorization

STUDENT ADMINISTRATIVE SERVICES

Potsdam Campus: PO Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451
Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (518) 631-9835

In compliance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), the University is generally prohibited from providing certain information from your student records to a third party, such as information on grades, invoices, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited to, your parents (under certain circumstances), your spouse, or a sponsor. It may be important for these individuals to be able to access such information, especially if they play a key role in financing your education.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization to Student Administrative Services. The specified information will be made available only if requested by the authorized third party. The University does not automatically send this information to a third party. Authentication of the caller will be required before release of this information by telephone.

Submit your completed form to Student Administrative Services, Clarkson University, at the address given above. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by submitting a request in writing to Student Administrative Services.

NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. This means that the University will release this information to the specified parties even if you have generally prohibited the disclosure of directory information in your student record.

Please print all information below

Student information

Name (first, middle initial, last) _____
Student Number

Please check one or more of the boxes below to grant authorization of information specified:

- DO NOT** release any information, even to my parents
- Any information requested in categories below
 - Grades/GPA, demographic, enrollment, academic progress status and other information related to academics
 - Invoices, charges, credits, payments, past due amounts, and/or collection activity
 - Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status, University-maintained loan disbursements and loan repayment history

Authorized release

<i>Name (first, middle initial, last)</i>	<i>Relationship to student</i>
_____	_____
_____	_____
_____	_____

Certification

I acknowledge that this authorization has no expiration date, however, I can revoke the authorization at any time by submitting a written request to Student Administrative Services. By signing this form, I authorize Clarkson University to release the information specified to the person(s) listed above. The purpose of this authorization is to assist the person(s) in supporting me (financially or otherwise) in connection with my Clarkson University education.

Student Signature _____
Date