FERPA RELEASE

I, ________________________________, CUID# __________________________ hereby (PLEASE PRINT NEATLY)

authorize the College of Agriculture and Life Sciences at Cornell University to release the following educational records and/or personally identifiable information contained in such records (identify records or types of records):

______________________________________________________________________________

______________________________________________________________________________

The records and/or personally identifiable information contained in such records may be released to:

______________________________________________________________________________

(Name of person or agency to receive or be given access to information)

Transcripts may be ordered by going to https://registrar.cornell.edu/grades-transcripts/ordering-transcripts

I understand that the Family and Educational Rights and Privacy Act (FERPA) prohibits the release of educational records or personally identifiable information contained in such records (other than directory information) without my written consent. By signing this form, I authorize the College of Agriculture and Life Sciences at Cornell University to release the educational records and/or personally identifiable information indicated above.

I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written notice to revoke it.

____________________________________    ________________    ___________________
STUDENT SIGNATURE                                                         DATE                                    PHONE NUMBER