FERPA RELEASE

I, __________________________________________, CUID# __________________________ hereby
(PLEASE PRINT CLEARLY)
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):

For the following reason(s):
[ ] educational purposes

[ ] job-related

[ ] other (give reason below)

The records should be released to:

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

[ ] 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 until I submit a written notice to revoke it.

STUDENT SIGNATURE ___________________________ NETID ________________ TODAY’S DATE ______________ TELEPHONE (area)xxx-xxxx

CURRENT TERM (fall,spring,summer)

Official Use Only | Processed by: | Date:

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Diversity and inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans and Individuals with Disabilities.