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 until I submit a written notice to revoke it.

____________________________________    __________________    __________________
STUDENT SIGNATURE                 DATE                 PHONE NUMBER