

Student Name (Please Print):

Shuster Hall, Room 106 250 Bedford Park Boulevard West Bronx, New York 10468 P (718) 960-8255 F (718) 960-7366 www.lehman.edu



THE CITY UNIVERSITY OF NEW YORK

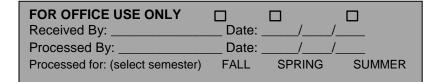
FERPA RELEASE FORM

PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

This form allows students to grant third parties, including parents, access to their educational records maintained by the student's college. The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information) without the written consent of the student, with certain regulatory exceptions. A description of a student's rights under FERPA is set forth in more detail in the college catalog.

Social Security Number or University Identification Number	
These records should be released to receive information):	the following person/agency (identify name and address of person/agency to
These records are being released fo	r the purpose stated below:
Student's signature	Date
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•	tion" can be given out without the student's written consent. The City
<u> </u>	rectory information to include such information as a student's name, attendance ephone number, date and place of birth, photograph, status (e.g., full/part-time,
	ogram, credits completed, major, student activities and sports, previous school
	wards received. This information may be released to anyone, unless restricted
	ent. Contact the Registrar's Office at your campus if you wish to restrict this

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information.

Return this completed form to:
Office of the Register, Records & Transcripts
Shuster Hall, Room 106

