

STUDENT RELEASES

THE CITY UNIVERSITY OF NEW YORK

FERPA RELEASE FORM
PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS

Students who wish to grant third parties, including parents, access to educational records maintained by the student's college should use this form, which requires a date and signature. Electronic signatures are acceptable only if the College is able to identify and authenticate the student as the source of the release.

The Family Educational Rights and Privacy Act (FERPA) prohibits access to, or release of, educational records or personally identifiable information contained in such records without the written consent of the student. This prohibition is subject to certain exceptions. For more information about FERPA, see <https://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/legal-affairs/policies-procedures/FERPA-2.pdf>

Student Name (Please Print): _____

8-digit Student ID Number (EMPLID) _____

I, the undersigned, hereby authorize The City University of New York (including, without limitation its constituent colleges and units, "CUNY") and the CUNY EDGE Program (the "Program"), to release the following educational records and information.

Demographic information (such as age, gender, and ethnicity), public assistance participation status, service utilization and employment information (including, but not limited to, all employment placements related to CUNY EDGE, and employer name, salary, job title, start date, copies of pay stubs, and the like), testimonials, materials submitted by staff to nominate student for awards or special recognition, class enrollment and attendance, CUNY EDGE and academic progress, college schedule and credit information (including but not limited to all student classes, labs, work study jobs and internships, and the like), grade point average, and a completed copy of this "student releases" document and all information contained herein.

These records should be released to the following person/agency:

New York City Human Resources Administration ("HRA")
Educational Services/Training Assessment Group (TAG)
109 East 16th Street
New York, NY, 10006

These records are being released for the purpose stated below:

To illustrate and document the impact, performance, and outcomes of the program and to comply with the requirements of funding sources. In addition, the information may be used by HRA for Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) purposes.

HRA Release: Permission to Release Public Assistance Records

This form also allows the student identified above to grant the New York City Human Resources Administration (“HRA”) the right to release the student’s Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) records.

I, the undersigned, hereby authorize HRA to disclose to the City University of New York (including, without limitation, its constituent colleges and units, “CUNY”) and to the CUNY EDGE Program (the “Program”) my Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) records so that CUNY EDGE may verify my eligibility for its services. I understand that my Cash Assistance and SNAP records will not be used by CUNY or the Program for any other purpose or shared with any other person or entity without my prior written consent.

This authorization to release the above information is valid from the date of signing until I no longer participate in CUNY EDGE. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. I have the right to revoke this authorization at any time upon written notice to HRA and CUNY at the following address:

To HRA:
Educational Services/Training Assessment Group (TAG)
109 East 16th Street
New York, NY, 10006

To CUNY:
Office of Academic Affairs- CUNY EDGE
The City University of New York
205 East 42nd Street, 10th Floor
New York, NY 10017

I understand that such a revocation may affect my eligibility for HRA benefits.

Student’s signature

Date

Checking this box certifies my electronic signature of this document.