

# Permission to Release Education Record Information

## Office of Academic Records

PO Box 139 | Dryden, NY 13053-0139 | Phone: 607.844.6500 | FAX: 607.844.6550 | Email: acadrec@tompkinscortland.edu  
 Pursuant to federal law 20 U.S.C. § 1232g; 34 CFR Part 99: Family Educational Rights and Privacy Act (FERPA)

### Requested by (Student):

LAST NAME	FIRST NAME	EMAIL
STUDENT ID NUMBER		STREET ADDRESS OR PO BOX
DATE	CITY, STATE, ZIP	

### Release to (Recipient):

LAST NAME	FIRST NAME (INDIVIDUAL OR AGENCY/INSTITUTION)	EMAIL ADDRESS
ADDRESS	CITY	ST ZIP CODE

### Education record information to be released (in written form only):

*Please note:* The Office of Academic Records does not retain financial aid, billing, health, or disciplinary records. *Those records cannot be released by use of this form.*

- |  |  |
|--|--|
| <input type="checkbox"/> Class Schedule                | <input type="checkbox"/> Enrollment Status   |
| <input type="checkbox"/> Early Progress Reports        | <input type="checkbox"/> Academic Status     |
| <input type="checkbox"/> Final Grades*(not transcript) | <input type="checkbox"/> Other (be specific) |

### Relationship to student/Purpose of information release to this recipient (be specific):

I give permission for the Tompkins Cortland Community College Office of Academic Records to release the specified information to the recipient listed above. Request is valid until one year after end of continuous enrollment or for one year after signature date for former students.

**THIS FORM MUST BE SIGNED BY THE STUDENT ON CAMPUS IN THE PRESENCE OF A TOMPKINS CORTLAND COMMUNITY COLLEGE STAFF MEMBER OR PRESENTED WITH SIGNATURE AND SEAL OF A LICENSED NOTARY.**

Date: \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

Witness: \_\_\_\_\_  
 Tompkins Cortland CC STAFF MEMBER OR NOTARY SIGNATURE \_\_\_\_\_

IN PERSON: SUBMIT TO ROOM 101, ENROLLMENT SERVICES CENTER