

# 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

## Permission to Release Education Record Information

*Pursuant to federal law 20 U.S.C. § 1232g; 34 CFR Part 99: Family Educational Rights and Privacy Act (FERPA)*

### Release to (Recipient):

\_\_\_\_\_  
LAST NAME FIRST NAME (INDIVIDUAL OR AGENCY/INSTITUTION)

### Requested by (Student):

\_\_\_\_\_  
LAST NAME FIRST NAME

\_\_\_\_\_  
STUDENT TC3 ID NUMBER STREET ADDRESS OR PO BOX

\_\_\_\_\_  
DATE CITY, STATE, ZIP

### Education record information to be released (be specific):

\_\_\_\_\_  
\_\_\_\_\_

### Purpose of release (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.**

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

\_\_\_\_\_  
STUDENT SIGNATURE

### Witness:

\_\_\_\_\_  
Tompkins Cortland CC STAFF PERSON OR NOTARY SIGNATURE

**IN PERSON: SUBMIT TO ROOM 101, ENROLLMENT SERVICES CENTER**

REV 6/19