



THE UNDERGRADUATE COLLEGE

OFFICE OF UNDERGRADUATE ADVISING  
TISCH HALL  
40 WEST FOURTH STREET, SUITE 616  
NEW YORK, NY 10012-1118  
TEL: 212-998-4020  
FAX: 212-995-4000

### CONSENT TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) requires the permission of a student to release information from his or her education records to a third party (except in certain specified instances). A student's education record includes all documents maintained by the University in either hard-copy or electronic format which contain personally identifiable information about the student. If you wish to consent to the release of information from your education records for the purpose of keeping a parent or other individual informed of your progress at NYU, please complete this form. You have the right to revoke the permissions granted here at any time by submitting a revocation letter to the Undergraduate Advising Office. **This waiver will be in effect until the student submits such a letter.**

I reviewed the Family Education Rights and Privacy Act (FERPA) guidelines on the NYU Registrar's Office webpage at [www.nyu.edu/registrar/university-policies](http://www.nyu.edu/registrar/university-policies)

I, \_\_\_\_\_, consent to the release of my following education  
*(Print Name)*  
records to the individual(s) listed below for the purpose of keeping them informed about my education at NYU Stern (check all that apply):

- \_\_\_\_\_ academic
- \_\_\_\_\_ disciplinary
- \_\_\_\_\_ financial (bursar and financial aid)
- \_\_\_\_\_ other (please indicate: \_\_\_\_\_)

NYU Stern is authorized to release information to the following individual(s):

_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student

_____	_____	_____
Date	Signature of Student	NYU ID