

FERPA

Consent for Records Release (Former Students)

Alumni/Former Student Information

Student Name

Student ID **OR** Social Security #

Phone Number

Authorization:

I, Alumni/Former Student identified above, authorize the Registrar's Office at SUNY Cobleskill to release my full academic record to the individuals listed below. This record does not include Financial Aid, Billing or Medical Records, only Academic Records. The record will be provided in the form of an official transcript and, if retained, documents contained in the student file.

Alumni/Former Student Signature

Date

Authorization Granted To:

Name

Address

Email

Phone Number

Authorization Granted To:

Name

Address

Email

Phone Number

SUNY Cobleskill, Office of the Registrar, Knapp Hall 101, State Route 7, Cobleskill, NY 12043. Requests received by mail **must** be notarized or they **will not** be processed.

Notary Public's Signature

Date

NOTARY SEAL