



**Stony Brook
University**

**Authorization
to Release Educational
Record Information**

**OFFICE OF THE
REGISTRAR**
Return completed form to
**Stony Brook Union, Suite 206
Stony Brook, NY 11794-3221**

1. Enter your Stony Brook ID number and Information in the spaces provided below.

| | | |
|--------------------|----------------------|------------------|
| Student First Name | Student Last Name | Stony Brook ID # |
| Home Phone Number | Daytime Phone Number | Email Address |

2. Read the following statements:

- The Family Educational Rights and Privacy Act (Buckley Amendment) is a Federal Statute that precludes Stony Brook University from providing information regarding the student, other than Directory Information, to anyone without written authorization. Without written authorization, only the student can receive information other than Directory Information.
- This form is NOT to be used for suppression of Directory Information. A separate form is available in the Office of the Registrar for suppression of Directory Information. Without suppression, Directory Information remains available to the public.
- Directory information includes: Name, Local Address, Local Phone, Program of Study (including College of Enrollment and Major, Degrees and Awards Received, Dates of Attendance, Enrollment Status (e.g. full-time, part-time, withdrawn), Date of Graduation, participation in officially recognized activities and sports.
- Complete information regarding FERPA can be found on the Website for the Office of the Registrar:
<<http://www.stonybrook.edu/registrar/>>

3. Complete the following information:

I, _____ (student name) hereby authorize the Office of the Registrar of the State University at Stony Brook to **RELEASE** any information regarding my educational record to the following individuals.

| | Name | Relationship | Valid All terms | Valid Term(s) (select all that apply) and ↓ YEAR ↓ | Password | Date of Birth |
|----|------|--------------|--------------------------|---|----------|---------------|
| 1. | | | <input type="checkbox"/> | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 2. | | | <input type="checkbox"/> | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 3. | | | <input type="checkbox"/> | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

I choose to rescind the FERPA release I have previously authorized to the names listed above.

4. Supply signature(s) below. This form will not be processed without a student signature. This form will require a notary signature if it is NOT submitted *in person* or sent via the student's Stony Brook email address.

| | |
|---|------|
| Student Signature | Date |
| Notary Public signature/stamp required (if not submitted in person or via SB email) | Date |