

**FERPA Release Form**

The Family Educational Rights and Privacy Act (FERPA) established certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/sponsor organizations and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may choose to complete and submit this "FERPA Release Form" to allow access or release of their educational record. Additional information may be found at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>.

**Organization/Person(s) to whom my information may be released:** (PLEASE PRINT)

**Organization/Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

I, (Please print full name) \_\_\_\_\_, authorize Columbia University's School of Professional Studies to release my educational records to the party listed above upon request. These records could include, but are not limited to, academic records, progress reports, financial records, and files from the Dean of Students' office.

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving consent to release this information. This release will remain in effect while I am enrolled in Columbia University's School of Professional Studies, unless I revoke such consent in writing to the Office of Student Affairs ([sps-studentaffairs@columbia.edu](mailto:sps-studentaffairs@columbia.edu)).

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Columbia UNI** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Program** \_\_\_\_\_ **School** \_\_\_\_\_

**Program Adviser** \_\_\_\_\_

*Please return this form to the Office of Student Affairs.*