



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF
NEW YORK / ALBANY NY 12234

FERPA Release of Information

Family Education Rights and Privacy Act, 1974

Under the Family Educational Rights and Privacy Act (FERPA), the **NYS Native American Aid Program** Unit is permitted to disclose information from your education records to your parents.

Please check the appropriate box:

☐ Yes. **I consent to the disclosure of any personally identifiable information from my education records to my parent(s)**, for reasons determined by the **NYS Native American Aid Program** Unit as appropriate. This authorization will remain in effect for the school year you will be attending at college/university.

☐ No. I do not consent.

Student Signature: _____ Date: _____

Please fill out name(s) of your parent(s) below that you would like to disclose your information to:

1. Parent's Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

2. Parent's Name(s) _____

Address _____

City, State, Zip _____

Telephone _____