



FERPA RELEASE

I, _____, CUID# _____ hereby
(PLEASE PRINT CLEARLY)

authorize the College of Agriculture and Life Sciences at Cornell University to release the following educational records and/or personally identifiable information contained in such records (identify records or types of records):

For the following reason(s):

educational purposes

job-related

other (give reason below)

The records should be released to:

(Name and address of person/agency to receive or be given access to information)

I understand that the Family and Educational Rights and Privacy Act (FERPA) prohibits the release of educational records or personally identifiable information contained in such records (other than directory information) without my written consent. By signing this form, I authorize the College of Agriculture and Life Sciences at Cornell University to release the educational records and/or personally identifiable information indicated above.

I understand this release authorization remains in effect until I submit a written notice to revoke it.

STUDENT SIGNATURE

NETID

TODAY'S DATE

TELEPHONE (area)xxx-xxxx

CURRENT TERM (fall,spring,summer)

Official Use Only	Processed by:	Date:
-------------------	---------------	-------