AUTHORIZATION TO RELEASE
EDUCATIONAL RECORD INFORMATION
(Former Student)

The Family Education Rights Privacy Act (FERPA) generally bars the release of educational records to third parties without the written consent of the student or former student. This authorization hereby provides permission for Daemen University to release information regarding my educational records while previously in attendance at Daemen University.

Former Student's Name: _____   _____   _____
                                    (Last name)   (First name)   (Middle initial)

Years of Attendance: _____

SSN (last 4 digits)/Date of Birth *and/or* Student ID #: _____

Person(s) or organization(s) to whom or to which records are to be released: _____

_____

Address of person(s) or organization(s): _____

Item or Items that are to be released (specify what is to be released or if all records are to released, indicate by stating "Any and all education records"):
_____
_____
_____

Purpose or purposes for disclosure of educational records: _____

_____

I, _____, hereby give my consent and grant authorization to Daemen University to release my educational records specified above to the party or parties identified above.

_____   _____
                Former Student Signature   Date

STATE OF NEW YORK
COUNTY OF _____
On the ___ day of ____, 20__, before me personally came _____