

**FERPA RELEASE FORM**

Student Name (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the undersigned, hereby authorize Skidmore College to release the following educational records and information:

- \_\_\_\_\_ academic records/transcript
- \_\_\_\_\_ disciplinary records
- \_\_\_\_\_ financial records
- \_\_\_\_\_ all records
- \_\_\_\_\_ other (specify) \_\_\_\_\_

(Note: This Consent does not cover medical records held solely by Student Health Services or the Counseling Center. Contact those offices for consent forms.)

These records should be released to the following person/agency (identify name and address of person/agency to receive information and if appropriate, the relationship to