BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Harpur Academic Advising

Release of Student Information Form

This form is to be used for purposes of the Harpur Academic Advising Office only.

Under the provisions of the Family Education Rights and Privacy Act (FERPA), I _____DO AUTHORIZE _____DO NOT AUTHORIZE the Harpur Academic Advising Office to release and/or discuss appropriate information:

Name of person who has permission to receive the information:

Full Name: _____

Email: _____Phone: _____

Relation/Affiliation to student: _____

Purpose for releasing student record:

_____

_____

_____

In accordance with the Family Educational Rights and Privacy Act (FERPA), I certify that I am the student named below and hereby authorize the release of my education records as described on this form.

_____ _____

Printed Name of Student (Last, First, M.I.) **Student Signature**

_____ _____

B-Number **Binghamton University E-mail Address**

_____ _____

Date Release Signed **Date Release Expires (optional)**

Please return completed form to:

Harpur College Academic Advising, OH-110
Binghamton University, P.O. Box 6000
Binghamton, NY 13902-6000
Phone: (607) 777-6305
harpuradvising@binghamton.edu