

**Authorization to Release  
Education Record Information to  
Parents/Guardians/Spouses**

Office of Financial Aid  
Division of Student Affairs

**UPSTATE**  
MEDICAL UNIVERSITY

In signing this form, you grant SUNY Upstate Medical University permission for the third party named below to have access to information in your education records (i.e., grades, billing, schedule, and other non-directory information). This form will be valid until graduation from SUNY Upstate Medical University or submission of a written request revoking access. If only one parent should be granted permission to information in your education records, give only the name of the one to whom permission is granted.

The completion of this form is mandatory in order for SUNY Upstate Medical University to be in compliance with FERPA\* laws. Any information in education records will not be released to any third party (i.e. parents, guardians, spouses) unless this form has been signed and submitted to the Financial Aid Office.

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I hereby authorize SUNY Upstate Medical University to release information in my education records (i.e., grades, billing, schedule, and other non-directory information) to:

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Student ID \_\_\_\_\_

Student Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* The Family Educational Rights and Privacy Act of 1974 is a federal law that protects the privacy of education records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.