DUTCHESS
COMMUNITY COLLEGE

# FERPA WAIVER

I understand that, in order for Dutchess Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent. (Consent to release educationally related information to other colleges, legitimate government and educational authorities, and the media for educational accomplishments is assumed unless otherwise indicated)

I am giving consent to either (check one):

□ Disclose any and all education records OR
□ Do not disclose the following (select all that apply):

| | Do not disclose | | Do not disclose |
|---|---|---|---|
| Attendance records | ☐ | Graduation information | ☐ |
| Billing/Student Accounts | ☐ | Schedule | ☐ |
| Financial Aid | ☐ | Transcripts | ☐ |
| Grades | ☐ | Other _____ | ☐ |

The person to whom a disclosure may be made is:

Name:_____ Name:_____

Name:_____ Name:_____

When the person(s) named above request information about you, they must have the following:

- In person request--must provide government issued photo identification.
- Telephone request--must provide student specific identifiers: Student name, last 4 digits of SSN, date of birth current address and phone number.

_____ _____
Student Name (please print) Student Signature

_____ _____
Student ID (A) Number Date

If you are submitting this form **in person with government issued I.D.,** please stop here.

**FOR OFFICE USE ONLY**

ID Verified By

_____

If you are submitting this form electronically or by mail, the following must be completed by a Notary Public:

STATE OF NEW YORK:
COUNTY OF:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Signature

Please complete this form and return to:

**Dutchess Community College**
**53 Pendell Road – SSC 104**
**Poughkeepsie, NY 12601**

**financial-aid@sunydutchess.edu**

**Fax: 845-431-8603**

BANNER ENTERED BY _____ DATE _____