



## FERPA Release of Information

Family Education Rights and Privacy Act, 1974

Under the Family Educational Rights and Privacy Act (FERPA), the **NYS Native American Aid Program** Unit is permitted to disclose information from your education records to your parents.

Please check the appropriate box:

Yes. **I consent to the disclosure of any personally identifiable information from my education records to my parent(s)**, for reasons determined by the **NYS Native American Aid Program** Unit as appropriate. This authorization will remain in effect for the school year you will be attending at college/university.

No. I do not consent.

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

*Please fill out name(s) of your parent(s) below that you would like to disclose your information to:*

1. Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

2. Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_