



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF
NEW YORK / ALBANY, NY 12234

FERPA Release of Information

Under the Family Educational Rights and Privacy Act (FERPA), **NYSED's Office of Indigenous Education** is permitted, with your consent, to disclose information from your application records to your parent(s), guardian(s), or other authorized proxy.

Please check the appropriate box:

☐ Yes, I consent to the disclosure of any personally identifiable information from my application records to my parent(s), guardian(s), or other authorized proxy for reasons determined by the **NYSED Office of Indigenous Education** as appropriate.

☐ No, I do not consent.

Student Name: _____

Student Signature: _____ **Date:** _____

Please fill out name(s) of parent(s), guardian(s), or other authorized proxies below that you consent to disclosing your information to:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____