AUTHORIZATION OF THE RELEASE OF EDUCATIONAL INFORMATION

I,		, authorize Syra	acuse Univ	ersity to mak	ce the followi	ing disclosure:
[St	udent Name]	_		-		
	to be Disclosed: Ped by Syracuse University	•			Education Re	cords currently
		[Records t	o be disclo	osed]		
Person/E	ntity to whom Reco	ords are to be D	visclosed:			
[N	ame and Address of	person(s) or ent	tity to who	m this inforn	nation will be	e sent]
Purpose		The dis	sclosure se Persona	authorized lly Identifiab		
L .	ident Name] n with					
		[Purpos	e for disclo	osure]		
Rights and Education written co my educat date of ex- form serve	ducational Rights of Privacy Act, 20 U Records. Further, consent before Syraction records. I also expiration specified es as written consent prization will remain	S.C. § 1232g, (I understand the use University of understand I had below by notify the time to the compliance of the state of the stat	"FERPA" at among discloses I we the righ ring Syrac with FERF	I have certa those rights, Personally Id at to revoke to use University A.	nin rights with I have the relentifiable Intentifiable Intention Ithis authorization in writing	h respect to my right to provide formation from ation before the
	of Person Authorize					
		[Student Name]				
	Permanent Stre	eet Address	City	y S1	tate	Zip Code
Dated:						