



Borough of Manhattan Community College

Family Educational Rights & Privacy Act (FERPA)

Request to Release Student Information

Return completed form to: Office of the Registrar, Room S315 199 Chambers St. New York, NY 10007

Form with fields: Last Name, First Name, CUNYfirst ID #, Preferred Email Address, Phone Number

I, the above named student, understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize the Borough of Manhattan Community College (BMCC), to release the following information to the individual indicated below.

- Complete access to ALL records with no exceptions
Academic Records only
Student Conduct Records only
Other (please specify):

Person to whom information can be released: (Fill out a form for each person you would like to release information to)

Form with fields: Full Name, Relationship, Date of Birth, Phone Number

Students may revoke authorization at any time by completing the Termination of Consent at the bottom.

Note to Designated Party: You will be required to provide student's CUNYfirst ID# to the school's representative and inform them that you are authorized to access the student's file before any information can be released.

In order to ensure secure access to your records, we require the creation of a security question and answer that is only shared with the individual you have designated to have access your records. The individual must know the answer to this security question in order to gain access to the records you authorized. It should not be a question to which the answer is common knowledge. Note: Q/A must be unique; it can't be a family name, SSN, DOB or any other personal information.

Security Question:

Answer:

Form with fields: Student Signature, Date, Witness or Notary Public, Date

Termination of Consent (optional)

I, above named student am requesting to terminate the release of my student information.

Form with fields: Student Signature, Date