



Cornell University
College of Arts and Sciences

FERPA RELEASE

I, _____, hereby authorize the College of Arts & Sciences and Cornell University to release the following educational records and information:

All education records, including my transcript and any file maintained by the College of Arts & Sciences or the University about me; or

The following education records and information (identify records or types of records):

for the following reason(s):

educational purposes

job related

other (give reason below)

The records should be released to:

(Name and address of person/agency to receive or be given access to information)

I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written notice to revoke it.

STUDENT SIGNATURE

STUDENT ID

CLASS OF

DATE

PHONE NUMBER

RETURN COMPLETED FORM TO: College of Arts & Sciences
KG 17 Klarman Hall
Cornell University
Ithaca, NY 14853
Office: (607) 255-4833
Fax: (607) 255-8297