

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (“FERPA”) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties (“Consent”). Please note that while a completed consent form *authorizes* the Rochester Institute of Technology (“RIT”) to release education records to third parties, it does not *obligate* RIT to do so. RIT reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit RIT’s FERPA Information page at: <https://www.rit.edu/registrar/student-privacy>.

**Instructions for completing this form:**

1. The form must be fully completed and signed by the student. Educational Records cannot be released if any section of this form is not filled out entirely. Questions about this form may be directed to the Office of the Registrar at: (585) 475-2821.
2. Completed forms should be submitted to the Office of the Registrar via one of the following methods:
  - In person: First floor of the George Eastman Building, Room 1202
  - E-mail: registrar@rit.edu directly from the student’s RIT email account
  - Mail: RIT Office of the Registrar, 27 Lomb Memorial Drive, Rochester, NY 14623-5603
  - Fax: (585) 475-7005

**SECTION A. Education records to be released (check all that apply):**

- Unofficial Transcript
- Disciplinary Records
- Recommendations for employment or admission to other schools
- All records
- Other (please specify): \_\_\_\_\_

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center; contact those offices for applicable consent forms.)

**SECTION B. Person(s) to whom access to education records may be provided:**

\_\_\_\_\_  
 Name(s) of person(s)/entity to whom access to records may be provided

\_\_\_\_\_  
 Address(es) of person(s)/entity to whom access to records may be provided

\_\_\_\_\_  
 Relationship to Student  
*(i.e. “parent”, “prospective employer”, “attorney”)*

**SECTION C. Duration of release (check one):**

- One-Time Use:** This authorization can be used only once
- Limited Use:** This authorization expires on: \_\_\_\_\_  
*(not to exceed one (1) year from the date of this Consent)*

**SECTION D. Purpose of release (check one):**

- Family Communications About University Experience
- Employment
- Admission to an Educational Institution
- Other (please specify): \_\_\_\_\_

I understand that educational records may be released in the form of copies of written records and that I have the right to (1) inspect any educational records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights); and (2) revoke this consent at any time by delivering a written revocation to the Registrar. I further understand that until a revocation is made, this Consent shall remain in effect and my educational records will continue to be provided to the person(s) identified in Section B for the specific purpose described above, and the revocation will not impact any records already disclosed prior to revoking this Consent.

\_\_\_\_\_  
 Student's Signature (Date)