

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 and references 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. Consent to disclose Education Records and Personal Information in Reference(s):

By checking this box, I consent and grant RIT (including its faculty and staff) permission to disclose information related to me in connection with any request for a reference related to me, including any reference(s) I request from an instructor and/or reference(s) requested by my prospective employer, clinical/practicum/etc. site, or other educational institution.

Information that may be disclosed in a reference includes information contained in my Educational Records (as defined by FERPA and RIT Policy D15.0) and other personal information related to my performance or conduct during my attendance at RIT that is reasonably relevant or responsive to the request. Examples of such information may include, but not be limited to, scores on specific exams, grades, class or other academic performance (e.g., clinic, practicum, co-op, etc), grades from other faculty, upper division GPA in the major, grades in related departments, standardized test scores, and conduct-related matters.

I understand that I have the right not to consent to the release of information from my student education records, and I further understand that failure to provide consent may impact or limit RIT’s ability to provide a requested reference.

SECTION B. Person/entity to whom Reference may be provided:

Name of person/entity to whom my records and reference may be provided

Address of person/entity to whom my records and reference may be provided

Relationship to Student
(e.g., “prospective employer”, “university”)

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. Confidentiality of Reference:

I understand that I have a right to review any reference that is maintained by RIT as part of my Educational Record unless I waive this right to review:

- I waive my right to review a copy of the reference at any time in the future.**
- I do not waive my right to review a copy of the reference at any time in the future.**

I understand that I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar. I further understand that until a written revocation is made, this consent shall remain in effect and the revocation will not impact any records, including any reference(s), already disclosed prior to revoking this Consent.

Student's signature _____
(Date)