



**AUTHORIZATION TO RELEASE  
EDUCATIONAL RECORD INFORMATION  
(Former Student)**

The Family Education Rights Privacy Act (FERPA) generally bars the release of educational records to third parties without the written consent of the student or former student. This authorization hereby provides permission for Daemen University to release information regarding my educational records while previously in attendance at Daemen University.

Former Student's Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Years of Attendance: \_\_\_\_\_

SSN (last 4 digits)/Date of Birth *and/or* Student ID #: \_\_\_\_\_

Person(s) or organization(s) to whom or to which records are to be released: \_\_\_\_\_

\_\_\_\_\_

Address of person(s) or organization(s): \_\_\_\_\_

Item or Items that are to be released (specify what is to be released or if all records are to be released, indicate by stating "Any and all education records"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose or purposes for disclosure of educational records: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent and grant authorization to Daemen University to release my educational records specified above to the party or parties identified above.

\_\_\_\_\_  
Former Student Signature

\_\_\_\_\_  
Date

**STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_**

On the \_\_\_ day of \_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_ to me know and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public