

FERPA RELEASE FORM

Student Name (Please print): _____

Date of Birth: _____

I, the undersigned, hereby authorize Skidmore College to release the following educational records and information:

- _____ academic records/transcript
- _____ disciplinary records
- _____ financial records
- _____ all records
- _____ other (specify) _____

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

These records should be released to the following person/agency (identify name and address of person/agency to receive information and if appropriate, the relationship to