

Office of the Registrar 122 White Hall 1600 Burrstone Road Utica, NY 13501 Ph. 315.792.3393 Fax 315.792-3020 www.utica.edu/registrar registrar@utica.edu

CONSENT TO RELEASE CONFIDENTIAL INFORMATION: ONE-TIME RELEASE

Utica University, in compliance with the Family Education Rights and Privacy Act of 1974 (FERPA), requires written consent of the student before releasing protected information from their record. To consent to the release of confidential information to a third party, you must complete this form and return it to the Office of the Registrar. All information is required.

⇒ Student Information		
:	Student Name	Student ID#
Party to whom the records should be released		
	Name of Person or Agency:	
	Relationship to student:	
Delivery Method: US Mail – Address:		
	Fax: () Email: Phone: () In Person	
	to be Released Unofficial transcript Registration confirmation (specify year & term: Grade Report (specify year & term: Financial Aid/Scholarship Tuition Payment/Billing Other: Specify in detail, below:)
Reason f	For Request	
 → Authorization I give permission for Utica University to release information from my education record as specified above. 		
Stuc	lent Signature	Date