

**Family Educational Rights and Privacy Act (FERPA) Information Disclosure Consent**

**Student Name** \_\_\_\_\_ **Person Number** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. If students do not wish for directory information to be released, UB's [request for non-release of directory information](http://registrar.buffalo.edu/pdfs/directoryRelease-NonRelease.pdf) is available at: <http://registrar.buffalo.edu/pdfs/directoryRelease-NonRelease.pdf>

Schools must have written permission from the student in order to release non-directory information (such as academic or financial information) from a student's record. However, FERPA allows schools to disclose records without consent to [certain parties under certain conditions](#). More information about [FERPA and UB](#) is available at: <http://registrar.buffalo.edu/personalinfo/ferpa.php>.

**By signing this document, I am giving or revoking consent that University at Buffalo officials may discuss the contents of my academic record (including courses, grades, and degree progress) and/or financial record (including student account information and financial aid) with the following parties. I understand that I may revoke consent at any time by submitting a revised form.** Additional individuals can be identified by submitting additional forms.

Note: Access to student account information can also be granted by adding an [Authorized Payer](#) in your HUB Student Center.

	Individual to whom I am granting or revoking access to my records:		Additional individual (if applicable) to whom I am granting or revoking access to my records:	
<b>Name</b>				
<b>Relationship to Student</b>				
<b>Phone</b>				
<b>Email</b>				
<b>Academic Records</b>	<input type="checkbox"/> Grant Consent	<input type="checkbox"/> Revoke Consent	<input type="checkbox"/> Grant Consent	<input type="checkbox"/> Revoke Consent
<b>Financial Records</b>	<input type="checkbox"/> Grant Consent	<input type="checkbox"/> Revoke Consent	<input type="checkbox"/> Grant Consent	<input type="checkbox"/> Revoke Consent

This form must be completed by the student in person with photo identification at the University at Buffalo in the presence of an appropriate staff member. If the student is unable to do so, the form may be notarized by a Notary Public and submitted by fax, email or mail to the office with which the student is directly interacting or the Office of the Registrar at 716-645-7762 (fax), [UBReg@buffalo.edu](mailto:UBReg@buffalo.edu), Registrar at 1Capen, Capen Hall, Buffalo, NY 14260.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For use by Notary Public if returned by fax or mail:** State of \_\_\_\_\_ Country of \_\_\_\_\_

Before me, the undersigned notary public, this day, personally, appeared \_\_\_\_\_ to me known, who being duly sworn according to law, deposes the following:

\_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission expires: \_\_\_\_\_

**For staff use only**

Verified by: Staff Name: \_\_\_\_\_ Phone \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
**Signature indicates that you have validated the student's identity via their UB Card or government issued ID.**

**Have you entered the Service Indicator in HUB?**  
 Yes  No