

## Student Release of Information/Authorization to Disclose Academic Information to Parents or Guardians

Office of the Registrar 101 Bresee Hall Hartwick College Oneonta, NY 13820 Tel: 607-431-4460; Fax: 607-431-4260

Please read and complete this form in its entirety and return it the Office of the Registrar.

Student First Name (please print)	Student Last Name (please print)
The Student Release of Information Form allows Hartwick College to communicate more openly with parents and guardians about students' academic records.* By completing and signing this form, students give Hartwick College permission to respond to parents' and/or guardians' academic concerns throughout students' time at Hartwick.	
Annually, Hartwick College informs students of the Family Educations. This act, with which the institution intends to comply fully, was design the rights of students to inspect and review the educational records, and misleading data through informal and formal hearings. Students also he Compliance Office concerning alleged failures by the institution to correct the concerning alleged failures by the institution to correct the concerning alleged failures.	nated to protect the privacy of educational records, to establis d to provide guidelines for the correction of inaccurate or ave the right to file complaints with the Family Policy
Local policy explains in detail the procedures to be used by Hartwick C can be obtained from the Office of the Registrar and online <a href="http://www.Educational">http://www.Educational</a> Rights and Privacy Act may be directed to the Office of the	v.hartwick.edu/ferpa. Questions concerning the Family
Authorization to Disclose Academic Information to Parents of In accordance with FERPA, the College will disclose to parents or gua provided the College has on file written consent of the student. Please consent for the College to release to your parents or guardians your education.	ardians information from the academic records of a student sign below and return to the Office of the Registrar if you
Student's Signature	Date
With this authorization, I give Hartwick College permission to discuss Rights and Privacy Act (FERPA), with the following people:	my educational record, as defined by the Family Educationa
Name	Relationship
Name	Relationship
Name	Relationship
By signing this form you indicate that you are aware that this auth by you.	orization will remain in effect until rescinded in writing
*Signing this form does not allow Hartwick College to release final g registration information over the phone. To request final grade repor 'Request for Grades to Be Sent to Parent' form available in the Offic	rts to be mailed home a student must fill out and submit a