

**HOFSTRA UNIVERSITY  
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT  
STUDENT RELEASE**

Student Last Name: (print) \_\_\_\_\_ First \_\_\_\_\_

Student ID#: 70 \_\_\_\_\_

**Student's Authorization for Disclosure**

You can complete this form on-line by logging onto the **My.Hofstra.edu** portal  
with your Network ID and Password, and clicking the Hofstra Online tab.

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. Complete information regarding FERPA can be found at:  
<http://www.ed.gov/policy/gen/guid/fpco/index.html>

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 and authorize Hofstra University to discuss and/or disclose all my education records to the following individuals:

Name of Authorized Person: _____			
Relationship to Student: _____			
Address: _____	City: _____	State: _____	Zip: _____
The purpose of the release is for assistance and advice in all my education records, if for other purpose please state: _____			

Please provide a challenge question and response that will be verified each time the Authorized Person speaks with a University representative. You must inform the Authorized Person of the challenge question and the response that you selected.

Samples of challenge question: Name of your first pet? Color of your first car? Your favorite subject in high school? Father's middle name?

Challenge Question: \_\_\_\_\_  
(please limit to 90 characters including spaces)

Challenge Response: \_\_\_\_\_  
(please limit to 30 characters including spaces)

<b>I understand that this authorization will be in effect as long as I am a student at Hofstra University or until I revoke this authorization in writing by visiting the Office of Academic Records, 207 Memorial Hall or on-line by logging onto the My.Hofstra.edu portal with your Network ID and Password, and clicking the Hofstra Online tab.</b>
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I affirm that I have carefully read the forgoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_