



Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT STUDENT RELEASE FORM

Student Last Name: (Please print.) _____ First Name _____

Student ID No. 70 - _____

Student Authorization for Disclosure

You can complete this form online by logging in to the Hofstra portal (my.hofstra.edu) with your Network ID and password; click on 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. For complete information regarding FERPA, please visit <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 individual:

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

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 response that you selected.

Sample challenge questions: 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.)

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 and Registrar, 207 Memorial Hall, or by logging in to the Hofstra portal.

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature: _____ Date: _____