FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) STUDENT RELEASE

Student's Authorization for Disclosure

HOFSTRA UNIVERSITY
CONTINUING EDUCATION

Student's Last Name | Student's First Name

Student's Home Phone | Student's Cell Phone

I authorize the release of my Student Records: ☐ Yes ☐ No

I hereby revoke this authorization of the release of my Student Records: ☐ Yes Date

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

Phone | Fax

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)

I understand that this authorization will be in effect as long as I am a student at Hofstra University Continuing Education or until I revoke this authorization in writing by visiting the Hofstra University Continuing Education Office at Oak Street Center, 255 Hofstra University, Hempstead, NY 11549-2550.

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**

Parent/Guardian Signature
(if student under 18 year's old) | **Date**

Please print form and then sign.

Print Form | Reset Form

12/14/16