



# BMCC FERPA RELEASE FORM

AUTHORIZING ACCESS TO EDUCATION RECORDS OR WITHDRAWING AUTHORIZATION TO ACCESS EDUCATION RECORDS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ CUNYfirst ID \_\_\_\_\_

Preferred Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

The Family Educational Rights and Privacy Act (“FERPA”) prohibits access to, or release of, Personally Identifiable Information (“PII”) contained in “Education Records” without the affirmative written consent of the student (unless a FERPA exception applies). If you want to grant a designated third party (this includes your parent(s)), access to specific Education Records maintained by BMCC, this form must be completed and filed with the Registrar’s Office. If you want to terminate your consent to this access, you must complete the termination of consent portion of this form.

**Grant of Consent to Release Information/Authorizing Access to Education Records:**

I, the undersigned, hereby authorize the Borough of Manhattan Community College of The City University of New York, to release the following Education Records and information:

(Identify specific records or types of records such as Transcript, Student Disciplinary Records etc. Authorization to release “all records” is not sufficient.)

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These records should be released to the following person/agency (identify name and address of person/agency to receive information):

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These records are being released for the purpose stated below:

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\_\_\_\_\_  
Student’s signature

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

**NOTE:** We require the creation of a security question and answer that is unique (no family name, SSN, DOB or similar personal information) that is shared only with the individual you have designated to have access to your records. The designated party will be required to provide identification that they are the person you have identified as having permission to access your records, your CUNYfirst ID#, and the answer to the security question.



Security Question: \_\_\_\_\_

Answer: \_\_\_\_\_

**Termination of Consent to Release Information/Withdrawing Authorization to Access Education Records**

I, the above named student, am requesting the termination of my Consent to Release Information described above.

\_\_\_\_\_  
Student's signature

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

**NOTE:** Electronic signatures are acceptable only if the College is able to identify and authenticate you as the source of the release, and a notary is required if the form is not signed in person at the Office of the Registrar.