

## FERPA Student Education Record Release Form

Student ID # \_\_\_\_\_

**(Student Name – PLEASE PRINT CLEARLY)**

By signing this form, I hereby give permission to Dominican University New York to discuss my Education and Financial records with the following individual(s):

NAME	RELATIONSHIP

Note: This consent does not cover medical records which are held by the Student Health Center.

	I can be claimed as a dependent on my parent's tax return
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The information will be released with my FULL CONSENT. I understand this release authorization remains in effect until I submit a written request to revoke it.

\_\_\_\_\_  
STUDENT SIGNATURE\_\_\_\_\_  
DATE

Please return the completed form to the Registrar's Office by emailing [registrarsoffice@duny.edu](mailto:registrarsoffice@duny.edu), or fax it to (845) 365-0275.