

OFFICE OF THE REGISTRAR  
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## Academic Information Release

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides that a college or university cannot release a student's academic information to parent(s) or guardian(s) without the student's written authorization. Please note that FERPA prohibits the release of grades or GPA information over the telephone.

By filling out and signing this release form, you are giving college officials the right to speak to the person or persons you designate below about your educational records as defined by FERPA, including but not limited to: class attendance, academic record details, academic progress and class schedule.

This authorization will remain in effect until you graduate or until you revoke this permission for any designated person listed below. You may revoke permission at any time by requesting this form and signing the appropriate box.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_

### PERSON #1

Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Passcode/security word \_\_\_\_\_

### PERSON #2

Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Passcode/security word \_\_\_\_\_

### PERSON #3

Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Passcode/security word \_\_\_\_\_

*I authorize St. Lawrence University's educational officials to release and/or discuss my education records with the above person(s) by phone, email, or in person. I understand that these people must identify themselves to the college by use of the passcode/security word which I have given them and that I am responsible for keeping secure.*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **DO NOT SIGN BELOW THIS LINE UNLESS YOU ARE REMOVING YOUR AUTHORIZATION FOR ANY OF THE ABOVE INDIVIDUALS**

*I hereby REMOVE authorization for permission to release information to the person listed in the **Person #1** Section above.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby REMOVE authorization for permission to release information to the person listed in the **Person #2** Section above.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby REMOVE authorization for permission to release information to the person listed in the **Person #3** Section above.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_