



# Enrollment Services

BROOKLYN CAMPUS • LONG ISLAND UNIVERSITY  
1 UNIVERSITY PLAZA, BROOKLYN, NY 11201 • 718-488-1013

### Instructions:

**Option 1:** Take this form and sign it in person at the Enrollment Services Office.

**Option 2:** Return the completed, signed and notarized authorization to the Enrollment Services Office (Post or Brooklyn); or to the Dean’s Office at Brentwood, Riverhead or the Westchester and Rockland Graduate Campus.

## AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION TO THIRD PARTIES

In accordance with the Family Educational Rights & Privacy Act (FERPA), The University will disclose information from the education record of a student provided the University has on file written consent of the student. If you consent to the release of your education record, please sign below and return to Enrollment Services. This authorization remains in force until a letter requesting the cancellation of the authorization is received by Enrollment Services.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_  
(please print)

I, request that my educational record(s) be released to the following individual(s). Please list the name(s), and the relationship to the student. For example, “parent”, “guardian”, “prospective employer”, “attorney” or list “other” and identify and describe the third-party relationship:

Name	Relationship to Student
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____

(Note: this consent does not cover medical records held solely by University Health/Medical Services – contact that office for consent forms.)

STUDENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### To be completed by the Office of Enrollment Services

Received by: \_\_\_\_\_

Signature Witnessed by: \_\_\_\_\_

Photo ID Presented: \_\_\_\_\_

Entered into PeopleSoft: \_\_\_\_\_  
Date Signature of staff member