FERPA Consent to Release Student Information

Student Name: ___________________________________________  NYUID#: __________________________

First Name  Last Name

Study Abroad Location: ___________________________________  Study Abroad Term: ______________________

The Family Educational Rights and Privacy Act (FERPA) is a US federal law that protects the privacy of student education records. By completing this form, you are giving permission to OGS to release your personal identifiable information and/or materials as it relates to studying abroad with NYU with a person as indicated on this form.

1. Your request – Please check all that apply to you:

   [ ] I want to give permission to OGS to discuss my admissions status and personal identifiable information as it relates to my participation in an NYU study abroad program.
   
   - Name of designated person: __________________________________________________________
   - Designated person’s relationship to you: ______________________________________________
   - Designated person’s email address: ________________________________________________

   [ ] I want to give permission to OGS to release my program related materials (immigration support documents).
   
   - Name of designated person: __________________________________________________________
   - Designated person’s relationship to you: ______________________________________________
   - Designated person’s email address: ________________________________________________

   [ ] I want to give permission to OGS to release my passport.
   
   - Name of designated person: __________________________________________________________
   - Designated person’s relationship to you: ______________________________________________
   - Designated person’s email address: ________________________________________________

   [ ] Other (please provide details of your request): ________________________________________
   
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Method to receive documents:

   [ ] I will pick up my immigration support documents myself at OGS.
   [ ] I will pick up my passport myself at OGS.
   [ ] I want the person designated in ‘Section 1’ to pick up my immigration support documents.
   [ ] I want the person designated in ‘Section 1’ to pick up my passport.
   [ ] Other (please provide details of your request): ______________________________________
   
   ____________________________________________________________________________
   ____________________________________________________________________________

Your Signature: ___________________________________  Date (mm/dd/yy): ______________________

Valid From: ___________________  Valid Until (end of study abroad program date): _______________