



This form can be used to grant or revoke access to your student information in accordance with FERPA.

Student: Complete the form and sign. Have notarized if submitting via mail, fax, or from a non-NYU email address.

The person(s) who come to speak about your record(s) and/or come to pick up forms for you must provide a photo ID.

Submit the completed form:

- In person: StudentLink (383 Lafayette Street, Manhattan or 5 MetroTech Center, 201, Brooklyn)
- Email: [ferpaform@nyu.edu](mailto:ferpaform@nyu.edu)
  - Documents and forms sent from non-NYU email addresses must be notarized.
- Fax (form and documentation must be notarized): 212-995-4154
- Mail (form and documentation must be notarized): 383 Lafayette Street, Attn: Registrar, NY, NY 10003  
*Note: forms emailed, faxed, or mailed may take up to 2 business days to process.*

In accordance with the **Family Educational Rights and Privacy Act of 1974 ("FERPA")**, I hereby

**grant permission until (date)** \_\_\_\_\_

**revoke permission as of (date)** \_\_\_\_\_

to the following individual(s): (Name each individual and relationship to you)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to **speak** with the following NYU offices/individual(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

regarding my:

- Academic records (attendance, class schedule, GPA, grades, graduation status, probationary status, etc.)
- Immigration record (F-1, J-1, etc.)
- Financial Aid (FAFSA/CSS information, financial aid award, holds, disbursements, verification, etc.)
- Student Account (bills, payments and refunds, etc.)
- Study away enrollment status
- Other (please specify) \_\_\_\_\_

to **pick up** my:

- Transcript (Note: student must complete/sign the Transcript Request Form.)
- Enrollment verification(s) (Note: student must complete/sign the Enrollment Verification Request Form.)
- Diploma
- I-20/DS-2019
- Passport
- Other form(s)/document(s) \_\_\_\_\_

Student Name \_\_\_\_\_

Student N# \_\_\_\_\_ NetID \_\_\_\_\_

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

**Note:**  
It is your right under FERPA to grant or revoke access to your records at any time. This form can be used to grant OR revoke access.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known and/or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and s/he acknowledges to me that s/he executed the same.

\_\_\_\_\_  
Notary Public

Office Use Only: 3rd Party ID Type: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_