

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

Office Use Only: 3rd Party ID Type: \_

- o 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 here grant permission until (date)	•
revoke permission as of (date)	
to the following individual(s): (Name each individual and relationship to you)	
	<del>_</del> _
to <b>speak</b> with the following NYU offices/individual(s):	<u> </u>
regarding my:	
Academic records (attendance, class schedule, GPA, grades, graduation stall Immigration record (F-1, J-1, etc.) Financial Aid (FAFSA/CSS information, financial aid award, holds, disbursen Student Account (bills, payments and refunds, etc.) Study away enrollment status Other (please specify)	nents, verification, etc.)
to <b>pick up</b> my:	
Transcript (Note: student must complete/sign the Transcript Request Form.) Enrollment verification(s) (Note: student must complete/sign the Enrollment V Diploma I-20/DS-2019 Passport Other form(s)/document(s)	
	Note:
Student Name	It is your right under FERPA to grant or revoke access to
Student N# NetID	your records at any time. This form can be used to
Student Signature Date	grant OR revoke access.
STATE OF  COUNTY OF  On this day of, 20, before me personally came and/or proved to me on the basis of satisfactory evidence to be the person described in and who executed to and s/he acknowledges to me that s/he executed the same.	, to me known he foregoing instrument
Notary Public	

Checked by:

Date: \_