Phone: 607-777-6088 Fax: 607-777-6515 Email: registrar@binghamton.edu www.registrar.binghamton.edu

## RELEASE OF STUDENT RECORDS

Under the provisions of the Family Education Rights and Privacy Act (<u>FERPA</u>), I authorize Student Records to release and/or discuss the following records and information about me from my educational file.

## Important Note -

- Student must submit a 4-digit pin. The pin must be provided to staff if the information is requested over the phone.
- If requesting grades, only final semester grades are provided. Individual course assignment grades cannot be requested.

cannot be request	iea.			
PIN	_ (4-digit)			
Grades	Schedules	Credit Hours		
Holds	Graduation Status	Other		
lame of person who has	permission to receive the	information:		
Full Name:		Email:		
Relation/Affiliation to stud	dent:	Phone:		
Purpose for releasing stud				
I agree to the release unti	il the following date:			
Name: (printed) B number:				
Signature: ( <i>must <b>sign in p</b></i>	erson and show ID)			
** When submitting th	nis document electronica	Ily, you must have your signature notarized. **		
	Notary Certificate	of Acknowledgement		
State of	City/County of	of		
On	( <i>date</i> ), before me,	of Acknowledgement of (notary name), printed name of signer), and proved to me on the		
		(type of unexpired		
		ned person who signed the foregoing instrument.		
Official seal				
	Notary Signature:			
	(seal)			
	My commission expires on:	(date)		
Return this notarized*	form via my binghamtor	n.edu portal at the Financial Aid and Student		
Records Document S	ubmission link.	postar de montre de maria e da de la constante		

Please allow 3-5 business days for processing before requesting information.

Received by:	Date: _	// Processed by:	Date:	3/22/23 Lk