

VERY IMPORTANT INFORMATION FOR STUDENTS AND PARENTS
REGARDING
INQUIRIES ABOUT STUDENT ACCOUNTS

Under the federal Family Educational Rights and Privacy Act (FERPA) of 1974, disclosure of information from a student's education records is strictly limited and all colleges must have policies in place to comply with this law.

STUDENTS:

You must have a FERPA password before college personnel can discuss your student account over the phone. This password allows us to verify that we are speaking with you.

To get a **FERPA password**, you must complete the **FERPA Waiver Form** on the other side of this notice, pick a password and return the form to the Registrar's Office, either in person or by mail.

If you choose to return the form **IN PERSON, you must show photo identification – such as a driver's license or student ID card.**

If you choose to return the form **BY MAIL, you must have your signature notarized.**

If you have not submitted a FERPA Waiver Form and/or if you do not have your password, we cannot discuss any details of your account – including charges, payments, financial aid or grades – over the phone.

If you forget your FERPA password, you will have to complete another form.

PARENTS AND OTHER THIRD PARTIES:

We cannot discuss a student's account with a parent or other third party over the phone or in person unless the student has authorized the college to release information to that party *and* that party has the student's FERPA password.

A student who wishes to allow their parent(s) or other party access to his or her student account must complete the FERPA Waiver Form on the other side of this notice, pick a password and return the form to the Registrar's Office, either in person or by mail.

If your student chooses to return the form **IN PERSON, he or she must show photo identification – such as a driver's license or student ID card.**

If your student chooses to return the form **BY MAIL, he or she must have his/her signature notarized.**

Remember, in addition to being authorized to speak with us, a parent or other third party also must have their student's FERPA password.

The Registrar's Office is located in Room 136 of the Guenther Enrollment Services Center.

The FERPA Waiver Form only has to be completed once and will remain on file unless the student rescinds the form. A student who wishes to rescind his/her FERPA waiver must notify the Registrar's Office in writing.



FERPA WAIVER • AUTHENTICATION FORM

Hudson Valley Community College • 80 Vandenburg Avenue • Troy, NY 12180-6096 • (518) 629-4574

If you have submitted this form to the college previously, you only need to submit another copy if you wish to change the information previously submitted or to establish a new FERPA password. This form may be submitted to the Registrar's Office in-person with photo ID. If you wish to submit this form by mail, it must be notarized at the bottom prior to being returned to the Registrar's Office.

I understand that, in order for Hudson Valley Community College to disclose personally identifiable information from my educational records to anyone other than myself, I must provide consent. I further understand that, for any such disclosure over the phone, even to myself, the college must authenticate the caller.

I understand that I am not required to sign and return this form if I do not wish consent to be given or if I do not wish to receive information over the phone.

The following FERPA password must be provided, either by myself or by any named individual below, when making a telephone inquiry.

FERPA Password _____ (The FERPA password must be no more than 10 characters and cannot be your date of birth, any part of your student ID # or SSN, or your WIREd password).

I am giving consent to either

- Disclose any and all education records, which includes all items in the box below, **OR**
- The following records/information may or may not be disclosed as indicated in the box below:

Disclose	Do not disclose		Disclose	Do not disclose	
<input type="checkbox"/>	<input type="checkbox"/>	Attendance records	<input type="checkbox"/>	<input type="checkbox"/>	Permission to speak w/advisor
<input type="checkbox"/>	<input type="checkbox"/>	Billing/Student Account information	<input type="checkbox"/>	<input type="checkbox"/>	Permission to speak w/instructor(s)
<input type="checkbox"/>	<input type="checkbox"/>	Financial Aid information	<input type="checkbox"/>	<input type="checkbox"/>	Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Grades			Other – please specify _____
<input type="checkbox"/>	<input type="checkbox"/>	Graduation information			_____

The purpose of the disclosure is: _____

The party or class of parties to whom a disclosure may be made is:

Name(s): _____

Relationship: parent guardian spouse sibling other _____ (This does not include consent for information to be given to another college.)

The person to whom disclosure is made must also provide my Student ID Number if he/she makes a telephone inquiry.

Student Name (please print)	Student Signature	Date										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; font-weight: bold; font-size: 1.2em;">H</td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> </table>	H										Date of Birth	Office Use Only: <input type="checkbox"/> verified ID _____ Initials Date
H												

STATE OF NEW YORK :
:SS.:
COUNTY OF :

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

For use by a notary public if being returned by mail.

PLEASE COMPLETE THIS FORM AND RETURN TO:
Hudson Valley Community College, Registrar's Office
80 Vandenburg Avenue, Troy, NY 12180

Notary Public