

## Student Consent for Access to Education & Financial Records

Name of Student (Last, First, Middle Initial):  _____	Student ID/CWID:  _____ / _____	Date:  ___ / ___ / ____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Office of Student Finance & Records allowing the release of their education and financial records to specified third parties. Please note that while this form authorizes Weill Cornell Medicine (WCM) to release information to third parties, it does not obligate WCM to do so. WCM reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, please visit <https://www2.ed.gov/policy/gen/guid/fpco/index.html>.

**SECTION A. Records to be released (check all that apply):**

- Academic Information** (e.g. grades, registration, SID number, academic progress, enrollment status)
- Financial Aid Information** (e.g. awards, application data, disbursements, eligibility, fin aid academic progress status, loan balance information)
- Student Account Information** (e.g. billing statements, charges, credits/refunds, payments, past due amounts, collection activity, tax documents/forms, payment plan agreements)
- Other** (please specify): \_\_\_\_\_

**SECTION B. Person(s) to whom access to records may be provided (use additional pages if necessary):**

Name	Relationship to Student	Phone #
Address	Email Address	

**SECTION C. Duration of release (check one):**

- One-time Use: This authorization can only be used once.
- Limited Use: Allow this authorization to expire on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION D. Purpose of release (check one):**

- Family Communications
- Employment
- Admission to an Educational Institution
- Other (please specify): \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records, (2) I have a right to inspect any written records released pursuant to this consent, and (3) I have a right to revoke this consent at any time by delivering a written revocation to WCM Student Finance & Records.

Student's Signature	Phone number	Date
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