FERPA
Revocation of Confidentiality/Directory Exclusion

SUNY Cobleskill

This form is to be used to remove a previously requested Confidentiality/Directory Exclusion and allow SUNY Cobleskill to release directory information from our student record in accordance with the Federal Family Rights to Privacy Act of 1974 (FERPA). SUNY Cobleskill has designated the following as Directory Information:

- Student Name
- Campus, local and home addresses
- Phone number
- Major

- Department
- Dates of Attendance
- Dates of Graduation
- Degrees Awarded

- Awards
- Full-time/part-time Status
- Email Address
- Photo ID

No other student information is released to non-university personnel without written permission.

Additional information on FERPA and related policies can be found in the student handbook under Important Policies or on the Registrar's Office webpage.

Student Information

_____

Name

_____   _____

Student ID (or Social Security) Number   Contact Phone

Student Authorization:

By signing below, I hereby authorize SUNY Cobleskill to remove the Confidentiality/Directory Exclusion block from my student records.

_____   _____

Student Signature   Date

Requests will be honored within 4 business days of receipt.

Completed forms must be presented in person, with appropriate identification, or mailed to:

SUNY Cobleskill
Office of the Registrar
Knapp Hall 101
Cobleskill, NY 12043

Requests received by mail must be notarized or they will not be processed.

_____   _____

Notary Public's Signature   Date   NOTARY SEAL