Bronx Campus
2501 Jerome Avenue
Bronx, NY 10468
Phone: (646) 393-8500

MONROE UNIVERSITY

New Rochelle Campus
434 Main Street
New Rochelle, NY 10801
Phone: (914)740-6849

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS
OFFICE OF THE REGISTRAR

Name of Student: (Last, First, Middle Initial)	Student ID #:	Date of Birth: (MM/DD/YYYY)

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 Registrar allowing the release of their education records to specified third parties. While this form authorizes Monroe University to release education records to third parties, it does not obligate Monroe University to do so. Monroe University reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Section A: Education records to be released (Answer either Yes or No):		
Yes	**No**	
◎	◎	Registrar Information (grades, GPA, registration, academic progress, enrollment status, attendance records.
◎	◎	Financial Aid Information (awards, FAFSA application data, disbursements, loan information, eligibility, status, housing status)
◎	◎	Student Account Information (billing statements, tuition charges, refunds, payment information, account status (i.e. past due amounts collection activity)
◎	◎	Student Conduct Records (student misconduct incident reports, disciplinary hearing results)

Section B: The following persons may have access to my records: Relationship (parent/guardian/ spouse/ other).				
	Last Name	**First Name**	**Relationship**	**Address Phone Number**
1.				
2.				
3.				

Section C: Password:
You must establish a password with the individuals listed in Section B before we can provide access to information from your student educational records. We will not release any information from your records (other than directory information) unless the person(s) named above provides this password. For a description of directory information go to www.monroeu.edu → About Monroe → Right to Know → Family Educational Rights and Privacy Act. Your password must contain a minimum of 6 characters and must consist of letters and numbers. My password is: _____.

By signing below, I voluntarily authorize Monroe University to release indicated information to the third parties listed on this form after verifying their identity via the required password. I also understand that I have the right to revoke this consent at any time by submitting a written revision of the form to the Office of the Registrar.

Student's Signature: _____ Date: _____