



**Stony Brook  
University**

**Request to Release All  
Educational Record  
Information**

**OFFICE OF THE  
REGISTRAR**

Return completed form to  
**276 Administration Bldg  
Stony Brook, NY 11794-1101**

**1. Enter your Stony Brook ID number and Information in the spaces provided below.**

Student <b>Last</b> Name (Please Print)	Student <b>First</b> Name	Stony Brook ID <input type="checkbox"/> (if unknown, provide SS# <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home Phone number with area code ( )	Daytime (work) phone with area code ( )	Student Major (if applicable) <input type="text"/> <input type="text"/> <input type="text"/>	College (if applicable) <input type="checkbox"/> CAS <input type="checkbox"/> CEAS
Home address including street number, city, state and zip code			
E-mail Address		First attendance at Stony Brook: Term and ↓ <b>YEAR</b> ↓ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**2. Read the following statements:**

- The Family Educational Rights and Privacy Act (Buckley Amendment) is a Federal Statute that precludes Stony Brook University from providing information regarding the student, other than Directory Information, to anyone without written authorization. Without written authorization, only the student can receive information other than Directory Information.
- This form is NOT to be used for suppression of Directory Information. A separate form is available in the Office of the Registrar for suppression of Directory Information. Without suppression, Directory Information remains available to the public.
- Directory information includes: Name, Local Address, Local Phone, Program of Study (including College of Enrollment and Major, Degrees and Awards Received, Dates of Attendance, Enrollment Status (e.g. full-time, part-time, withdrawn), Date of Graduation, participation in officially recognized activities and sports.
- Complete information regarding FERPA can be found on the Website for the Office of the Registrar:  
<<http://www.stonybrook.edu/registrar/>>

**3. Complete the following information:**

I, \_\_\_\_\_ (student name), hereby authorize the Office of the Registrar of the State University at Stony Brook to RELEASE any information regarding my educational record to the following individuals:

	Name	Relationship	Valid All terms	Valid Term(s) (select all that apply) and ↓ <b>YEAR</b> ↓	Password	Date of Birth
1.			<input type="checkbox"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2.			<input type="checkbox"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3.			<input type="checkbox"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**4. Supply signature(s) below. This form will not be processed without a student signature and a witness signature.**

Student Signature	Date
Witness or Notary Public (Notary stamp required if form is not signed in person at the Office of the Registrar)	Date