



Consent to Disclose Academic Record Information

This is to grant consent to the Associate Dean of Students or the Director of Students Affairs and/or their designees at the Gallatin School of Individualized Study at New York University, to release academic information as specified below from my education record, which is otherwise protected under the Family Educational Rights and Privacy Act (FERPA), to the person or persons specified below. Gallatin cannot release non-academic information, e.g., financial aid, billing, etc. For assistance with the release of non-academic information, contact *Celeste Orangers*, *co2@nyu.edu*.

Student Name: _____ **University ID: N**_____

Please complete all five sections of this form.

1. The purpose of the disclosure of this information is:

2. The academic information Gallatin may release is:

- ___ Enrollment and registration information
- ___ Academic progress
- ___ Grades and transcript information
- ___ Attendance records
- ___ Academic probation/disciplinary action details
- ___ Leave of absence details
- ___ Communications from advisers, professors, administrators, deans
- ___ Other, please specify:

3. This consent shall remain in effect until _____ *(Deadline Date)*

(PLEASE NOTE: The default deadline is the date of the student's graduation.)

