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.)
4. Gallatin will release academic information only to the individuals listed below. Please note that we may use the information provided to verify your identity before disclosing information.

Name: ____________________________________________

Relationship (parent, guardian, friend, etc.): ____________________________________________

Contact information:

Phone: ___________________________ Email: ___________________________

Mailing Address: ____________________________________________

Name: ____________________________________________

Relationship (parent, guardian, friend, etc.): ____________________________________________

Contact information:

Phone: ___________________________ Email: ___________________________

Mailing Address: ____________________________________________

5. Student Signature

Student Signature ____________________________ Date ___________

Submit this form to Celeste Orangers, Asst. Dean for Academic Policy Administration, 1 Washington Place, 8th floor. If submitting in person, the student must present a photo ID (e.g. NYU ID) for photocopying. If submitting by mail, the student signature must be notarized.

STATE OF ______________ )

COUNTY OF ____________ ) ss.: ____________________________

Notary Public

On this ___ day of ______, ____ before me personally came ____________________________, to me known and/or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and s/he acknowledged to me that s/he executed the same.