



Buffalo State College
1300 Elmwood Avenue
Buffalo, N.Y. 14222-1095

Permission to Release Education Record Information

Requested By (Student):

LAST NAME FIRST NAME

STUDENT IDENTIFICATION NUMBER

DATE

Release To (Recipient):

LAST NAME FIRST NAME

ORGANIZATION/SCHOOL

ADDRESS

CITY, STATE, ZIP

Education record information to be released:

Purpose of release:

I give permission for _____ to release the specified information to the recipient listed above.

STUDENT SIGNATURE

OFFICE USE ONLY

Action taken: Completed Filed Held Other: