



Registrar's Office

Authorization for Release of Information (FERPA)

Student Name

Class Year

Student ID Number

I understand that the Dean of Students' and Registrar's staff may share information, within College policy and procedure, with my permission upon request of authorized person or when necessary.

By my signature below, I give permission for the Dean of Students or Registrar's Office at Hamilton College to speak with and release relevant academic, academic standing and relevant information to the person(s) listed below:

Name: (s) _____

Relationship _____

Address/Phone/Email

Student Signature

Date

April 2018